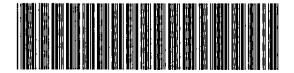
P05000094038

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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ONVISION OF CORPORATIONS

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COVER LETTER

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TO: Amendment Division of	t Section 'F Corporations	•			
SUBJECT:		ICATIONS INCORPORATED			
	Name of Co	orporation			
DOCUMENT NU	MBER: P05000096038				
The enclosed Stater	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.			
Please return all con	respondence concerning this matte	r to the following:			
_	G. BARRY WILKINSON				
	Name of Co	ntact Person			
	G. BARRY WILKINSON,	P.A.			
	Firm/Co	ompany			
	P. O. BOX 8102				
-	Add	ress			
	MADEIRA BEACH, FL	33738-8102			
City/State and Zip Code					
	gbarrvw@tampabav.rr	, cam			
_	E-mail address: (to be used for t	uture annual report notification)			
For further informa	ation concerning this matter, please	call:			
G. BARRY W	TLKTNSON	at (727) 823–1514			
Nai	ne of Contact Person	at (727) 823-1514 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted fo	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the or a corporation organized under the laws of the State of <u>FLORID</u> istered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation:	CINCIL TIMETA CONSCIPLINATIONS INCORPORATIONS		•
2. The principal office address:	•		
3. The mailing address (if different):		
4. Date of incorporation/qualificati	on: 07/07/2005 Document number: P05000096038	8	
5. The name and street address of t Florida Department of State: (If	he current registered agent and registered office on file with the resigned, enter resigned)		
WILKI	NSON, G. BARRY		
696 1	ST AVENUE NORTH, SUITE 201		
ST. P	ETERSBURG, FL 33701		ین
(if changed):	the new registered agent (if changed) and /or registered office	14 OCT 17	THE WAY OF THE PARTY OF THE PAR
WILKII	NSON, G. BARRY	2	
8283	P.O. Box NOT acceptable	••	URA A
ST. P	ETERSBURG, FL 33710	22	CERPORATIONS
	d office and the street address of the business office of its registere		nt,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change.		
Signature of an officer or director	KHEMCHAND SINGH, DIRECTOR Printed or typed name and title		
I hereby accept the appointment of	is registered agent and agree to act in this capacity. It provisions of all statutes relative to the proper and complete Implying the mention of my position as registe Institute merely to reflect a change in the registered office address Institute the months of this change Institute the months of the change Institute the months of the change Institute the months of the change o	ered , I	-
If signing on behalf of an entity:			
Typed or Printed Name			

* * * FILING FEE: \$35.00 * * *