PDSDD0115028

(Req	uestor's Name)	
(Addı	ress)		
(Addi	ress)		
(City/	State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
		:	





400063857404

01/17/06 01009--024 **35.00

OF JAN 17 PH 12: 25

10, 12.hord-

COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJI	ECT: Christine Battista, Inc. (Name of Corp	oration)
DOCU	MENT NUMBER: P05000115028	
The en	closed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
	Christine Battista	
	(Name of Contact	t Person)
	Christine Battista, Inc. (Firm/Comp	any)
	120 Osceola Road (Address)
	Belleair, FL 33756	
	(City/State and 2	ip Code)
For fur	ther information concerning this matter, please call	
Christi	ine Battista (Name of Contact Person)	at (727) 230-2193 (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Christine Battista, Inc.	
2. The principal	office address: 120 Osceola Road	
Belleair, FL	33756	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: August 18, 2005 Document number: P05000115028	_
	d street address of the current registered agent and registered office on file with the rument of State:	
	Christine Battista	
	120 Osceola Road	
	Belleair, FL 33756	
6. The name and (if changed):	Belleair, FL 33756 distrect address of the new registered agent (if changed) and /or registered office 2139 Lanai Avenue Belleair Bluffs, FL 33770 (P.O. Box NOT acceptable)	1000
	2139 Lanai Avenue	000
	Belleair Bluffs, FL 33770	-
	(P.O. Box NOT acceptable)	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Signatu	Christine Battista, President (Printed or typed name and title)	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
Monte	mature of Registered Agent) (Date)	
· ·	chalf of an entity:	
т)	Typed or Printed Name)	

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