P06000016512

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nan	ne)
,		
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DIVISION OF CORPORATIONS

PS4/27/06

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CCT: COBB DEPOT, IOC (Name of Corporation)
DOCU	MENT NUMBER: P06000016512
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	CHRIS HOLLOWAY.
	(Name of Contact Person)
	COBB DEPOT INC (Firm/Company)
	4237 NW 7th PL (Address)
	DEERFIELD BEACH, FL 33447 (City/State and Zip Code)
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	(Name of Contact Person) at (454) 42) 7555 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provision statement of change is in order to ch	submitted fo		organized u	<i>inder the la</i> w	rs of the State o	FLORIDA
1. The name of the cor	poration:	COBB	DEPO	9T , 11	ں ہے	
	-			,		DEERFIELD
3. The mailing address						

4. Date of incorporation	m/qualificati	on: <u>02/01</u>	12006	Document n	umber: <u>PO</u>	6000016512
5. The name and street Florida Department		he current regis	stered agent a	ınd registere	d office on file	with the
	ORTE	GA, C	HRISTI	NA	4	p
		5س				
	MIRA	MAR	FL	3302	7	VESCON TARKET VESCON TOP CO VESCON TOP CO
6. The name and street (if changed):	t address of (he new register	ed agent (if o	changed) and	l /or registered	7100
	CHRI	STOPHER	<u> 40</u>	Mon	٩ ٧	8 P
	4237	(P.O. Box NOT a	7+12	PL		
		FIELD [
The street address of as changed will be id-	its registere entical.	d office and the	e street addr	ess of the bu	siness office o	of its registered agent,
Such change was authorized by the boa						
Mille	My			CHRI	STOPHER	HOLLOWAY (PRES)
	office of direct oppointment with the familiar weed merely to notified in	•	gent and ag all statutes i the obligation ge in the reg change.		ited of typed name this capacity, he proper and d ition as regist e address, I he	complete performance ered agent. Or, if this ereby confirm that the
	Mn		· <u>:</u>	4	- Z1 - 0 (Date)	<u> </u>
(Signature If signing on behalf of	of Registered Ap	gent)			(Date)	
	.4					
CHRISTOPHER (Typed o	HOCCO r Printed Name)	nuty		-		
		***FIL	ING FEE: \$	35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)