## P06000028186

(Requestor's Name)	
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(City/State/Zip/Phone	· #)
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(Business Entity Nam	ne)
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Timez Out, Inc.  (Name of Corporation)
DOCUMENT NUMBER: P06000028186
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terri L. Wilson
(Name of Contact Person)
Timez Out, Inc. (Firm/Company)
P. O. Box 341 (Address)
Palm Harbor, FL 34682
(City/State and Zip Code)
For further information concerning this matter, please call:
Terri L. Wilson at (727) 543-3041 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed 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 Evecutive Center Circle

Tallahassee, FL 32301

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

statement of change is sub	mitted for a corporation organi	2, 607.1508, or 617.1508, Florida Sta ized under the laws of the State of Flo	orida	is	_
in order to chang	ge its registered office or registe	red agent, or both, in the State of Flot	rida. 		
1. The name of the corpor	ation: Timez Out, Inc.				
2. The principal office add	Iress: 1026 Florida Avenue, Pal	m Harbor, FL 34683			<del>-</del>
3. The mailing address (if	different): P. O. Box 341, Pair	n Harbor, FL 34682	-		
4. Date of incorporation/q	ualification: 02/23/2006	Document number: P06000028	3186		
5. The name and street add Florida Department of S		gent and registered office on file with	the		- • •
Andrew	r Wilson		ALL	8	
1026 F	lorida Avenue		RETA AHAS	JUL 2	<u> </u>
Palm H	arbor, FL 34683		SEE.	0 P	m
6. The name and street add (if changed):	dress of the new registered agen	t (if changed) and /or registered office	F STATE FLORID	¥: 10	Ö
Terri L	. Wilson	·	➣		
1026 F	lorida Avenue	·			
Palm I-	(P.O. Box NOT acceptable)  larbor, FL 34683			•	* *
The street address of its as changed will be identi	egistered office and the street cal.	address of the business office of its r i by its board of directors or by an of tified in writing of the change.			nt,
	loov	Terri L. Wilson, President	·		_
I hereby accept the appo I further agree to comply of my duties, and I am fa document is being filed n corporation has been not	-	d agree to act in this capacity, utes relative to the proper and completed for my position as registered to registered of registered of the proper and complete registered of the registered of	•	forma Or, if n that	nce this the
Jeni Wy	Ls on	7-14-06 (Date)			_
If signing on behalf of ar	<b>5.</b>	(Date)			
(Typed or Prin	ted Name)  * * * FILING FE	E: \$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)