

PO00000089576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

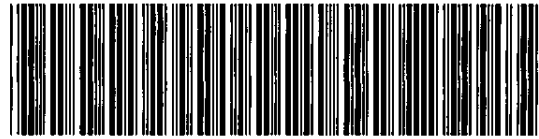
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT -3 AM 11:47

SHUMAKER
Shumaker, Loop & Kendrick, LLP

Bank of America Plaza 813.229.7600
101 East Kennedy Boulevard 813.229.1660 fax
Suite 2800
Tampa, Florida 33602

www.slk-law.com

RONALD A. CHRISTALDI
(813) 221-7152
rchristaldi@slk-law.com

October 1, 2007

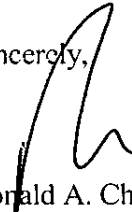
Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: Sebastian's of Feathersound, Inc.
Date of Incorporation: July 5, 2006
Document Number P06000089576
Change of Address of Registered Office

Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations, which is submitted in order to change the address of the registered office for the above-referenced corporation. Also enclosed is Shumaker, Loop & Kendrick's Check Number 81087 payable to the Florida Department of State in the amount of \$35.00 to cover the fee for this change. Thank you for your attention to this matter.

Sincerely,


Ronald A. Christaldi

RAC/jar
Enclosures (2)

cc: Dr. Aldo A. Laghi

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sebastian's of Feathersound, Inc.
2. The principal office address: 2999 42nd Ave. North, St. Petersburg, FL 33714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/05/2006 Document number: P06000089576
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ronald A. Christaldi

101 E. Kennedy Blvd., Suite 3400

Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ronald A. Christaldi

101 E. Kennedy Blvd., Suite 2800

(P.O. Box NOT acceptable)

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Aldo A. Laghi

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



(Signature of Registered Agent)

6/21/07

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING 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)

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