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SECRETARY OF STATE
SECRETARY OF STATE

Rochange Neuris 8-11-08

COVER LETTER

TO: Amendment Section Division of Corporations								
SUBJECT: ATTARIO IAC (Name of Corporation)								
DOCUMENT NUMBER: P0700085556								
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:								
, ,								
MICHAEL BLUTH								
(Name of Contact Person)								
Bluth + Zukofsky								
(Firm/Company)								
660 TENNENT RD	· · · · · · · · · · · · · · · · · · ·							
Manalapan (City/State and Zip Code)								
MARILANA NIT 2777	,							
(City/State and Zin Code)								
For further information concerning this matter, please call:								
MICHAEL BLUTH at (73L) 97 (Name of Contact Person) (Area Code & Daytin	2 4981							
(Name of Contact Person) (Area Code & Daytin	ne Telephone Number)							
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address: Street Address:								
Mailing Address:Street Address:Amendment SectionAmendment Sec								
Division of Corporations Division of Cor	<u>-</u>							
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive								
Tallahassee, FL								

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

Pursuant to the pastatement of chan in order	ige is submitted f	or a corpo	ration organize	d under the	e laws of	the State of	f Flor		
1. The name of th		_				ine saire of	Timud.		
	_					LASE			
2. The principal o		ST 4	ULUSTINE	FL	32	082			
3. The mailing ad	ldress (if differen	t):							<u></u>
4. Date of incorpo	oration/qualificat	ion:	7/30/07	Docume	ent numb	er: <u>P</u> 0	7000	08551	r(
5. The name and Florida Departs	ment of State:			-					
<u>-</u>	NAC	HINA	ATA Autilus	RID			_ = =	2008 AUG -4	
_	159	N,	Autilus	ROAD	· · -	-	_	RE SE	ا سد س
	5-	r An	CUSTING	FL	320	86		是一	. 1 . 1
6. The name and (if changed):	street address of	the new re	gistered agent (if changed)) and /or	registered o	office	SY OF STATE	'. 5 ,r
			A ATA					Dr	من
	<u> </u>	103	MIST 7 NOT acceptable)	Mori	nine	LADE			
		(P.O. Box	NOT acceptable) AUCIST	1.0	El	7)08	2		
The street address as changed will	ss of its registere		•					red agent,	ı
Such change was authorized by the	authorized by the company of the com	resolution orporation	duly adopted b has been notif						
(Signatur	re of an officer or direct	tor)		NA	GH1 (Printed o	T typed name a	ATA (210	
I hereby accept i I further agree to of my duties, and document is beir corporation has	o comply with th d I am familiar v 12 filed merely to	e provisio vith and a preflect a	ons of all statute ecept the obliga change in the i	agree to ac es relative ution of my registered	ct in this to the pr position office an	capacity. oper and c 1 as registe dress, I he	complete pe ered agent. reby confii	erformanc Or, if thi m that the	e s ?
(Sig	nature of Registered A	gent)				(Date)			
If signing on bel	half of an entity:								
(T	yped or Printed Name)							

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