P07000086071

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPKUTL

R-A. Charge

C. Couffiette AUG 2 9 2007

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: STRAIGHT SHOOTER | 5987 INC | | |
| (Nam | ne of Corporation) | | |
| DOCUMENT NUMBER: P07000086071 | | | |
| 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: | | |
| STAN BERLA | | | |
| (Name | of Contact Person) | | |
| STAN BERLA PA | | | |
| (Firm/Company) | | | |
| 6801 LAKE WORTH RD #104 | | | |
| | (Address) | | |
| LAKE WORTH, FL 334 | | | |
| ` ' | State and Zip Code) | | |
| For further information concerning this matter, p | olease call: | | |
| STAN BERLA | at (561) 968-8571 (Area Code & Daytime Telephone Number) | | |
| (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 | Street Address: Amendment Section | | |
| Division of Corporation | | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 3231 | 4 2661 Executive Center Circle | | |

Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organization order to change its registered office or registered. | nized under the laws of the State of FLORIDA | |
|---|---|------------------------------------|
| 1. The name of the corporation: STRAIGHT SHOOT | ER 5987 INC. | |
| 2. The principal office address: PO BOX 200, 6342 GREENACRES, FL 33415 | FOREST HILL BLVD | |
| 3. The mailing address (if different): SAME | | |
| 4. Date of incorporation/qualification: JULY 27, 200 | 7 Document number: P0700086071 | <u> </u> |
| 5. The name and street address of the current registered a Florida Department of State: | agent and registered office on file with the | |
| TOM A FITCH | | |
| 5987 FOREST HILL BLVD STE 201 | | O7 P |
| WEST PALM BEACH FL 33415 | | CRET |
| 6. The name and street address of the new registered age (if changed): | ent (if changed) and /or registered office | TARY OF |
| STAN BERLA | | LOR |
| 6801 LAKE WORTH RD S | | Dr. |
| (P.O. Box NOT acceptable LAKE WORTH FL 33467- | | |
| The street address of its registered office and the stree as changed will be identical. | t address of the business office of its registere | d agent, |
| Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n | ed by its board of directors or by an officer so otified in writing of the change. | |
| (Signature of an officer or director) | TOM A FITCH (Printed or typed name and title) | |
| I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the obdocument is being filed merely to reflect a change in the corporation has been notified in writing of this change. | nd agree to act in this capacity. tutes relative to the proper and complete perf ligation of my position as registered agent. C he registered office address, I hereby confirm e. | ormance)r, if this that the |
| Han Barla | AUGUST 20, 2007 | |
| (Signature of Registered Agent) | (Date) | |
| If signing on behalf of an entity: | | |
| STAN BERLA | | |
| (Typed or Printed Name) | DE- 635.00 + + + | |
| * * * FILING F | EE: \$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)