Po8000035862

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SECRETARY OF STATE

PACR9 DEG/15

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SAWGMASS TIKE BAK, INC. (Name of Corporation)
DOCUMENT NUMBER: 20800035862
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:
SUSAL BRIDGES (Name of Contact Person)
Saw GMSS 77 SA FAC (Firm/Company)
610 ATMENS ST (Address)
TANPON SPRINGS, FL 346B9 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (443) 538-28>> (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 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 provisions of sections statement of change is submitted for in order to change its reg	or a corporation organiz	zed under the laws of	f the State of	LORIDA
1. The name of the corporation:	SAWGMAS	S TIKI BAA	S, INC.	
2. The principal office address:				
	TANION SP			
3. The mailing address (if different):	·		
4. Date of incorporation/qualification	on: 4/10/0	8 Document numb	ber: <u>Pos</u>	0m03586;
5. The name and street address of the Florida Department of State:				
CHAN	eces mac	KERT_		
<i>P. 0.</i>	BOX 661	12		
ST. 3	PETE BEACH	c, FL 337	34	z. . 0
6. The name and street address of the (if changed):		•		FI B MAY I SECRETA
	AN M BRIO			12 PH
206	(P.O. Box NOT acceptable)			F SIAI
57. P	ETE BEACH	1,FL 33>	de	
The street address of its registered as changed will be identical.	office and the street ac	dress of the busines	ss office of its regi	istered agent,
Such change was authorized by reauthorized by the board, or the co				er so
(Signature of an officer or director	ackatt	C HAR	r typed name and title)	teri
I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar wi document is being filed merely to corporation has been notified in w				performance nt. Or, if this nfirm that the
5. Bridge			108	
(Signature of Registered Age	nt)		(Date)	,
If signing on behalf of an entity:				
(Typed or Printed Name)	5			
	* * * 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)