719090

-		
(Re	equestor's Name)	
(Ad	Idress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	<i>→ #</i>)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900021477849

07/17/03-01025-012 **35.00

OB JUL 17 AM II: 33

Ph chg.

MM
7/21/03

CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730 MAILING ADDRESS: P. O. BOX 3239 TAMPA, FLORIDA 33601-3239 TEL (813) 223-7000 FAX (813) 229-4133

July 15, 2003

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Registered Agent Statement of Change

Barry, Bette & Led Duke, Inc.

Gentlemen:

Please find enclosed a Statement of Change for the registered agent of Barry, Bette & Led Duke, Inc.

Also enclosed is Check No. 049014 issued by BBL Construction Services, LLC in the amount of \$35.00 for the payment of the filing fees in connection with the above-described Statement of Change.

Very truly yours,

Joyce F. Bentubo

Administrative Assistant

J. Bertako

jfb:cac Enclosures

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. /508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation: BARRY, BETTE & LED DUKE, INC.		
2.	The mailing address of the corporation: PO BOX 12789, ALBANY, NY 12212-2789		
3.	Date of incorporation/qualification: 05/03/1988 Document number: P19090		
4.	. The name and address of the current registered agent and office:		
5	CARLTON, FIELDS, WARD, EMMAUNUEL, SMITH & CUTLER C/O GEORGE J. MEYER, ESQ. ONE HARBOUR PL., 777 S. HARBOUR ISLAND BLVD TAMPA, FL 33602-5799		
٥.	5. The name and address of the new registered agent (if changed) and/or registered office tif changed): (P. O. Box Not Acceptable)		
	TAMPA, FL 33602-5799 The name and address of the new registered agent (if changed) and/or registered office fif changed): (P. O. Box Not Acceptable) CFRA, LLC ONE HARBOUR PLACE, 5 TH FLOOR 777 SOUTH HARBOUR ISLAND BLVD TAMPA, FL 33602-5730		
	e street address of its registered office and the street address of the business office of its registered ent, as changed, will be identical.		
	ch change was authorized by resolution duly adopted by its board of directors or by an officer so horized by the board.		
	Signature of an officer, chairman or vice chairman of the board) (Date)		
	(Printed or typed name and title)		
Hav acc pro acc	ving been named as registered agent and to accept service of process for the above stated corporation. I hereby ept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and comp [etc performance of my duties, and I am familiar with and ept the obligation of my position as registered agent. Signature of Registered Agent) Oate)		
If s	igning on behalf of an entity: Vice President Vice President		
	(Typed or Printed Name) (Capacity)		

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