## P94000001366

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		No.	ert J. Rossitto Myrte Dr Pierce: FL 349883851					
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	<del>,</del>	•			Offic	ce Use Only		
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	CORPORATION	INAM	E(S) & DOCUM	IENT NUME	SER(S), (if know	vn):		
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	1. (Corporation Name)			(Дос	ıment#)			
	2.						_	
(Corporation Name) (Document #)						_		
3. (Corporation Name) (Document #)						_		
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	NEW FILINGS		AMENDMENT	rs Edition				
	Profit		Amendment					
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	Limited Liability		Change of Registere	ed Agent		*****35.00 **	∵008 ***35.00	
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<u> </u>	Fictitious Name		Limited Partnership		011 2	B 28 PH I2: 50	_	
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			Trademark			-		
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CR2E031(1/95)

Examiner's Initials

§ 22.20 Statement of Change of Registered Office or Registered Agent, or Both—State Form

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Floridal</u>, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

both, in the State of Florida.						
1. The name of the corporation is: MACKENZIE & ROSSITTO						
ENTERBRISES, INC						
1a. Date of incorporation JAN 11, 1994 Document number P9400000 2366						
2. The name and address of the current registered agent and office:  OLIVER K, MACKENZIE						
101c SEAWAY DRIVE, FIATFIERCE, FL34950						
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  Ro BERT J. Ro SS/TTO						
5116-MYRTLE DAWE, FORT PIEDLE, FL 34983						
The street address of its registered agent 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.  SIGNATURE CONTROL CONTRO						
PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.						
SIGNATURE (Registered Abent)						
(noglassing Agent)						
DATE Williams, 1976						
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						
CR2E045 (7-90) FILING FEE: \$35.00						
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