## P95000070169

K. De	ean Kantaras,	P.A.
	V. Hercules Ave	•
Suite		
Clear	water, FL 3376	<u>55</u>
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DIVISION OF CORPORATIONS

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## 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 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of <u>TOVIAC</u> , 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: Deja Vu Consignment Furniture In
2. The mailing address of the corporation: 18843 US 19 N.
Clearwater Fla 33764
3. Date of incorporation/qualification: 9/08/1995 Document number: P9500000
4. The name and address of the current registered agent and office:
Brett Fisher.
1543 Mecdowdale Dr
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
<b>→</b> 90
Vikki Griffith  1543 Meadowdale Dr.
$C_{1} = \pm 1.2327.1$
The street address of its registered office and the street address of the business office of its registered
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was anthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board)  (Date)
Research of the other, charitant of the sound)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
1/23/02
If signing on behalf of an entity:  If Ki GRI HIT PRESIDENT
VIKKI GRIFFITH PRESIDENT
(Typed or Printed Name) (Capacity)

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