P95000088506

TRANSMITTAL LETTER

Division of Corporations	-
SUBJECT: CasseCherry Acleance (Name of corporation	ce Corportnon
DOCUMENT NUMBER: P95000088506	
The enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Ran Schroeder. (Name of person)	
(Name of person) Casselberry Alliance Conforation (Name of firm/company)	9000084505891 -10/18/0201058009
2155 Fontebranda Loop #101 (Address)	<u>→</u> • • • • • • • • • • • • • • • • • • •
CasseCherry, Fr. 32730 (City/state and zip code)	A STATE OF THE STA
For further information concerning this matter, please call:	
Ron Sch roeden at (407) (Name of person) (Area code &	767 – 7000 c daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department o	f State.

Rolchange 10, 10/23/02

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED

02 OCT 18 PM 12: 55

SECRETARY OF STATE
ALL AMASSEE FIRES.

CR2E045(07/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

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

this statement e	e provisions of sections of change is submitted for	r a corporation organ	nized under the laws o	f the State of
<i>of Florida</i> . 1. The name of	in order to change	a sselbenny	Alliance (Corporation
	al office address: 215 Lberry, fe		nda loop #	101
3. The mailing	address (if different):	5/m E		
4. Date of inco	rporation/qualification: _	11/14/95	Document number:	P 950000 8850
	nd street address of the cu artment of State:		_	on file with the
	Ron 110 Samme Brandon, Ro			OZ OCT SECRE
changed):		Schroeder		HOF S
	2155 Fontebra. (P.O.B. (Casselbeary)	nda Loop III ox or personal mailbox NOT a A 32730	cceptable)	ORIDA
The street addragent, as chang	ress of its registered offic ged will be identical.	e and the street addr	ess of the business of	fice of its registered
	vas authorized by resoluti the board, or the corporate Legional or vice chairman or the		its board of directors d in writing of the cha	
I hereby accep I further agree performance o registered agei	nt the appointment as reg to comply with the provi of my duties, and I am fan nt. Or, if this document i I hereby confirm that the	istered agent and ag isions of all statutes niliar with and accep is being filed merely	ree to act in this capa relative to the proper ot the obligation of m to reflect a change in	icity. and complete y position as the registered
- FSU	Signature of Registered Agent)		10-16-02 (Date)	
If signing on beha				
	(Typed or Printed Name)		(Capacity)	

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