## P9600005098

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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	(Corporation Name)	(Document #)	-
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NEW FILINGS			
	Profit		
	NonProfit		
	Limited Liability		
	Domestication		
	Other		

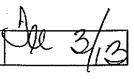
AMENDMENTS -
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/- QUALIFICATION
	Foreign
	Limited Partnership
<u></u>	Reinstatement
	Trademark
	Other

Examiner's Initials



## \* 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
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 is: SUNCOAST SOUVENIR, Inc.
Co. P. L. Co.
2. The mailing address of the corporation is: $65/2$ 14th st W # 13
Bradenton FL 34207
3. Date of incorporation/qualification: 1/16/96 Document number: P960000 5098 (
4. The name and address of the current registered agent and office:
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  SARASOTA FL 34243  SARASOTA FL 34243
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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.    With the policy of the board of the board of directors or by an officer so authorized by the board of the board
(Signature of an officer, chairman or vice chairman of the board)  (Date)  (Date)  (Date)
(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.  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:    Typed or Printed Name   (Canacity)