

P96000007434

(Requestor's Name)

(Address)

NO RTD ADDRESS

(Address)

(City/State/Zip/Phone #)

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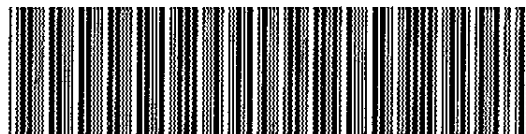
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Change

T BROWN OCT - 3 2003

**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 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 : THAT'S AMORE, INC.
2. The mailing address of the corporation : 4245 HENDERSON BLVD  
TAMPA FL 33629-5610
3. Date of incorporation/qualification: 012496 Document number: P96000007434
4. The name and address of the current registered agent and registered office:

JOSEPH G. GUGGINO  
4245 W. HENDERSON BLVD  
TAMPA FL 33629

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):  
(P.O. Box NOT Acceptable)

LINDA CAIVANO  
4245 W. HENDERSON BLVD.  
TAMPA FL 33629

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.

Linda Caivano 082903  
(Signature of an officer, chairman or vice chairman of the board) (Date)

LINDA CAIVANO President  
(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.

Linda Caivano 8-29-03  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)

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