## P96000052943

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

SHEECT: OUR STOKKY, INC
SUBJECT: OUR STOKKY, INC. (Name of corporation)
BOCUMENT NUMBER: P96 0000 52943
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cynthia Stramondo (Name of person)
OUR STOXXX, INC (Name of firm/company)
308 N. VILLAGE ST. (Address)
CELEBRATION, FL 34147 (City/state and zip code)
For further information concerning this matter, please call:
CYNTHIA STRAMONDO at (401 ) 291-8411 DR (NO1)929-9966 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

## 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, Florid this statement of change is submitted for a corporation organized under the laws of the State FLORIDA in order to change its registered office or registered agent, or both.	of		
of Florida.			
1. The name of the corporation: OUR STOKKY, TNC.		,	
2. The principal office address: Go: BENITEZ & BUTCHER, P.A., 1223 E	CON	CORI	<b>2</b>
ST, ORLANDO, FL 32803		·	_ =
3. The mailing address (if different): 308 N. VILLAGE ST., CELEBRATION,	FL	<u>3474</u>	19
4. Date of incorporation/qualification: 6-//-96 Document number: P9600	0052	943	-
5. The name and street address of the current registered agent and registered office on file wi Florida Department of State:			
AGUSTIN (GUS) R BENITEZ   BENITEZ & GUTCHER, P.	, A .		
1223 E. CONCORD ST			
ORLANDO, FL 32803			
6. The name and street address of the new registered agent (if changed) and /or registere changed):	d office	e (if	
308 N. VILLAGE ST.  (P.O. Box or personal mailbox NOT acceptable)	SECRET/ TALLAHA	03 APR	-r1
CFLEBRATION, FL 34747  The street address of its registered office and the street address of the business office of its agent, as changed will be identical.	SSE	red E	TED:
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.  CYNTHIA STRAMONDO, P. (Signature of an office, chairman or vice chairman of the board)  (Signature of an office, chairman or vice chairman of the board)			
(Signature of an officer, chairman or vice chairman of the board)  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 comperformance of my duties, and I am familiar with and accept the obligation of my position registered agent. Or, if this document is being filed merely to reflect a change in the regis office address, I hereby confirm that the corporation has been notified in writing of this ch	olete as tered		
(Signature of Registered Agent)  (Signature of Registered Agent)  (Date)	SECRI	03 APR	<u>.</u> 5
(Typed or Printed Name) (Capacity)  * * * FILING FEE: \$35.00 * * *	ETARY	± ×	FILE
Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	OF ST	AM II	D