

P960000068596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

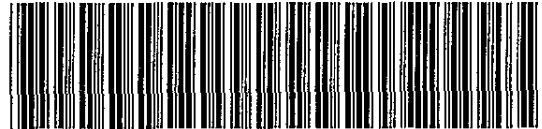
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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOLLYWOOD Amusement Center
(Name of corporation)

DOCUMENT NUMBER: 790000068596

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:

Michael Goldin
(Name of contact person)

HOLLYWOOD Amusement Center
(Firm/Company)

420 South STATE Rd
(Address)

HOLLYWOOD FL 33023
(City/state and zip code)

For further information concerning this matter, please call:

Michael Goldin at (561) 202-0571
(Name of contact 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOLLYWOOD AMUSEMENT CENTER
2. The principal office address: 420 South STATE ROAD 7
HOLLYWOOD FL 33023
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/15/94 Document number: P 9 000068596
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GALE FONTAINE
3440 NE 11 TERRACE
POMPANO BEACH FL 33062

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GALE FONTAINE
~~3440~~ 2201 NE 44th STREET
(P.O. Box NOT acceptable)
Lighthouse Point FL 33064

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, or the corporation has been notified in writing of the change.

Gale Fontaine
(Signature of an officer or director)

GALE FONTAINE PRES
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Gale Fontaine
(Signature of Registered Agent)

2-2-05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32317

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB -7 AM 9:45

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