## 96000090848

| (Requestor's Name)  (Address)           | 800157454848   |
|---|--|
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       | ##35. ***35.   |
| (Business Entity Name)                  | The second decrease of |
| (Document Number)                       |  |
| Certified Copies Certificates of Status | 09 JUN 22<br>SECRETARY<br>TAULAHASS  |
| Special Instructions to Filing Officer: | TARY OF STATE ASSEE. FLORIDA   |
|   |  |

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SECRETARY OF STATE
AND ASSET FLORIDA

Office Use Only

R.A. Chang

JUN 24 7009

**EXAMINER** 

## **COVER LETTER**

Amendment Section

| Division of Corporations  |  |
|---|--|
| SUBJECT: Fasco Investments, Inc. Name of Corporation  |  |
| DOCUMENT NUMBER: P9600090848  |  |
| 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:                     |  |
|   |  |
| Paul Houvardas Name of Contact Person   |  |
| Name of Contact Person  |  |
| Foresignt Property Services, 11c.   |  |
| 3780 Tampa Rd. Suit 201   |  |
| Address   |  |
| Oldsmar, FL 34677 City/State and Zip Code   |  |
| City/State and Zip Code   |  |
| Poul Ofsosile com   |  |
| E-mail address: (to be used for future annual report notification)                            |  |
|   |  |
| For further information concerning this matter, please call:                                  |  |
| ·   |  |
| Paul Houvardas at 813 855-3800  Name of Contact Person Area Code & Daytime Telephone Number   |  |
| And code & Baytime receptione Number  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |  |
| Mailing Address: Amendment Section  Street Address: Amendment Section                         |  |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

## 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: tasco investments, inc.   |
| 2. The principal office address: 31+80 lampa Rd. Suit 201   |
| 01d5NU1, FC 341077  |
| 3. The mailing address (if different): (Same)   |
| 4. Date of incorporation/qualification: 11/5/1996 Document number: P96000090848   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  |
| Pappas, George G. P.A.  |
| 1822 North Beicher Rd. Silve 200  |
| Clearwater, FL 33765  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Paul Houvardas-Foresignt Property Services, 11c   |
| 3750 Tampa Rd. Suite 201  |
| Oldsmar, FC 34677   |
| 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.   |
| Signature of an officer or director 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. |
| Signature of Registered Agent  Date  Date   |
| If signing on behalf of an entity:  |
| Paul Howardas Foreight Property Services LLC. S.B. S. Typed or Printed Name   |
| Member *** FILING FEE: \$35.00 ***  |
| MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 3277 CR2E045 (8/05)  |