

P96000103328

LAW OFFICES

**FRANK J. GRECO, P.A.**

A FLORIDA PROFESSIONAL ASSOCIATION  
4047 HENDERSON BOULEVARD  
TAMPA FLORIDA 33629

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

RO/ change  
10/8/03  
(1a)



700023274537

10/01/03--01013--020 \*\*35.00

FILED  
03 OCT -1 PM 2:55  
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: RM Mallory, INC.
2. The principal office address: 18412 Wayne Rd.  
Odessa, FL 33556
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/26/1996 Document number: P96000103328
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
FRANK J. Greco  
1715 N. Westshore Blvd. Ste. 750  
TAMPA, FL 33607

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

FRANK J. Greco  
4047 Henderson Blvd.  
(P.O. Box or personal mailbox NOT acceptable)  
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, or the corporation has been notified in writing of the change.

X Susan Mallory  
(Signature of an officer, chairman or vice chairman of the board)

X Susan Mallory  
(Printed of 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]  
(Signature of Registered Agent)

If signing on behalf of an entity

[Signature]  
(Typed or Printed Name)

9/27/03  
(Date)

[Signature]  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

FILED  
TALLAHASSEE, FLORIDA  
03 OCT - 1 PM 2:55