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T N A TOPLESS GO-GO, INC. 2201 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32805

CR2E031(1/95)

Office Use Only

1	Corporation Name)	(Document #)		
2	Corporation Name)	(Document #) 51	300024705 -03/27/98010	451 116016
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Mail out	☐ Will wait ☐	Photocopy	- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Ö
NEW FILINGS	AMENDMEN	TS		
Profit	Amendment		- 0810.	
NonProfit	Resignation of R.A	, Officer/Director	10V,	
Limited Liability	Change of Registe	red Agent		
Domestication	Dissolution/Withd	rawal		
Other	Merger			
OTHER FILING	S REGISTRA	TION - CO	JORAN THORE	
Annual Report	QUALIFIC	WILDING VO	$\int_{-\infty}^{\infty}$	
Fictitious Name	Foreign			>
Name Reservation	Limited Partnershi	P		-
	Reinstatement		35	
	Trademark		0-10	A .
	Other		\sim	

Florida Department of State, Sandra B. Mortham, Secretary of State

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	rovisions of sections ration organized und	607.0502, 617.0 For the laws of th	0502, 607.1508, e State of	or 617.1508, Flocido	Florida Statutes	s, the
submits the follow	ration organized una ring statement in orde	er to change its	registered office	or registered	agent, or both, i	n the
State of Florida.				_	C = TO()	
1. The name of th	e corporation is:	TNA	Toples	<u> 5 60 -</u>	<u>C6, 1110</u>	<u></u> : -
2. The mailing add	dress of the corporation	on is :	21 5.8) range	Blossom	Tr
3. Date of incorporate 4. The name and	oration/qualification: _address of the current	t registered agen	t and omce:		P 9 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u>) 2164</u> D
_	_		Blasson		R 23	
_			5			
5. The name and	address of the new re				ptable SIAH	· _ -
_	Steve	Drake		· -	_	
-	2201	5 orango	e Blasson	1 TV	<u> </u>	
· -	orland Fl	32805				
acent as changed	s of its registered offi l, will be identical.					
Such change was authorized by the	authorized by resolu board.	tion duly adopte	d by its board of	directors or b	y an officer so	-
(Signature of an office	er, chairman or vice chair	man of the board)	lent) り・3つ (Date)	-9.7	. ·
51	eve Dak	(Printed or typed	name and title)			··•·· .
Having been nan I hereby accept to comply with the and I am familia	ned as registered age the appointment as re provisions of all stati ir with and accept the			ess for the abo in this capacity implete perfor istered agent.	ve stated corpor y. I further agre mance of my dut	ration, ve to ties,
(Signature	of Registered Agent)	<u></u>	<u>)0 · ;</u>	(Date)		
If signing on bel	half of an entity:					
		· .	 	(Capacity)		
(Typed or	Printed Name)					20
GD GD 45(1 (O5)				F	TLING FEE: \$35.0	JU

CR2E045(1/95)