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SECRETARY OF STATE DIVISION OF CORPORATIONS

Ps 11/5/07

## **COVER LETTER**

Division of Corporations
SUBJECT: TAMPA EAGLE, INC. (Name of Corporation)
DOCUMENT NUMBER: P97000011992
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:
THOMAS W. KIPLE (Name of Contact Person)
(Name of Contact Person)
TAMPA EAGLE, INC.
(Firm/Company)
13225 101ST STREET, #356 (Address)
(Address)
1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
THOMAS KIPLE at (727) 638-7785  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Ferson) (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 Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

## 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 FCORTOA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TAMPA EAGLE, IWC.
2. The principal office address: $13225 1018^{t}$ STREET, $#356$ LARGO, FL $33773$
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/05/97 Document number: P970000 //992
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
THOMAS W. KIPLE
3000 34th STREET, SOUTH
ST. PETERSBURG, FL 33711
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
THOMAS W. KIPLE (Same)
(IT changed):  THOMAS W. KIPLE (Same)  13225 10185 STREET, #356 (New)  (P.O. BOX NOT acceptable)  (P.O. BOX NOT acceptable)
(P.O. Box NOT acceptable)  LARGO FL 33773 (New)
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)  THOMAS W. KIPLE, PRESIDENT  (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)  If signing on behalf of an entity:
(Tuned or Printed Name)

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