## P97000037509

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## **COVER LETTER**

Division of Corporations
SUBJECT: PRISTING LIQUOES FNC Name of Corporation
DOCUMENT NUMBER: P970000 37569
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:
BARBARA BARTLETT Name of Contact Person
PRISTINE LIQUORS Figh/Company
4487 CRESCENT RR Address
Spring Hill F/34606 City/State and Zip Code
BARTLETT BARBARA & Bellsouth, Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BARBARA BARTIETH at (813)431 2137  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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## . · · · 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 + lori art
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PRISTINE LIGHTORS TNC
2. The principal office address: 1438/ Spring Hill Dr.
Spring 1+11 F1. 34609
3. The mailing address (if different): 1285 HENRY AU
Spring Hill Pl
4. Date of incorporation/qualification: 4/24/1997 Document number: P970000 37569
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)
Joseph C AlBertethi
1255 HENRY AV
Spring HI FI BE
1255 HENRY AV  Spring Hill Fl  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Barbara Bartlett  UUST Coecoent Rd
BARBARA BARTLETT
4487 Ceeseent Rd
P.O. Box NOT acceptable
Spaing Hill F1 34606
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.
Joseph C Albertelli Toseph C ALBERTELLI
// Signature of an officer or director
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.
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.
Q A Q A A A A A A A A A A A A A A A A A
Signature of Registered Agent 198/09  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 32314 CR2E045 (8/05)