(Requestor's Name)	
(Address)	100209524371
(Address)	
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PICK-UP WAIT MAIL	07/01/1101005030 **
(Business Entity Name)	
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Certified Copies Certificates of Status	ECRETARY OF SATE LLAHASSEE FLORWA
Special Instructions to Filing Officer:	SHY OF THE
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Office Use Only



\*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Charles CANGIALON INC.  Name of Corporation	
DOCUMENT NUMBER: 29700005 2867	
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:  Name of Contact Person  Firm/Company  Address	
City/State and Zin Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  Name of Contact Person  Name of Contact Person  Name of Contact Person  Name of Contact Person	

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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: A COLO ANGI A COLO ANG
2. The principal office address: 420 South 12 5
LEESBURG FL3+7+8
3. The mailing address (if different): A A B A B A B A B A B A B A B A B A B
4. Date of incorporation/qualification: 6/16/5 Document number: P970005286
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)
28 TO Tongerine Ot
1 22 -Q C) CC F( 2/2/2
HENOUIS I COUPTE
LAH J
6. The name and street address of the new registered agent (if changed) and /or registered office.
(if changed):
- 420 SOUNW 12 - 32 3 17
LeesBUR FL34787 : 0
P.O. Box NOT acceptable
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, of the comperation has been notified in writing of the change.
Charles Consoler
Signature or an affice of precior Printed of typed name and little
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 mayely to reflect a change in the registered office address, I hereby confirm that the corporation has been hattified in writing of this change.
offmy duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this abcument is being filed may by to reflect a change in the registered office address, I hereby confirm that the
corporation has been notification writing of this change.
6/28/11
V Signature of Registered Agent  Date
If signing on behalf of an eptity:
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)

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