P98000002005

Caglianone & Miller, P.A.

816 W. Dr. MLK Jr. Blvd.

Tampa, FL 33603-3302

City/State/Zip Phone #

	Office Use Only
CORPORATION NAME(S) & DOCI	30003923683: -03/28/0101051004
. (Corporation Name)	******35.00 *****35.00 (Document #)
(Corporation Name)	(Document #)
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☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other APR 2 2001
	Examiner's Initials
CR2E031(7/97)	en e

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

		ns 607.0502, 617.050			Statutes,
		ed under the laws of th			- In antile size
_	_	rder to change its regi	sterea office or regi	isterea agent, oi	ooin, in
<i>the State of Flo</i> 1. The name of		Caglianone 8	& Miller, P.A.		
1. The name of	die corporation				
2. The mailing	address of the corpora	ation: 605 South	n Boulevard		-
		Tampa, FI	L 33606		
3. Date of inco	rporation/qualification	n: <u>1/6/98</u>	Document num	ber: <u>P980000</u>	02005
		nt registered agent and	office:		
	Je	ffrey A. Cāglia	anone		7
	60	5 South Bouleva	ard _	TAL SEC	91
	Та	mpa, FL 33606			1 元
5. The name an	d address of the new 1	registered agent (if cha (P. O. Box Not Acce		red office (Deh	a m
	Jе	ffrey A. Caglia	none		ي ≩
	81	6 W. Dr. MLK Jr	Blvd.		39
	Ta	mpa, FL 33603	-		
		ffice and the street add			
Such change wathorized by t	as authorized by reso he board	lution duly adopted by	y its board of directo	ors or by an offi	cer so
	of an attorn chairman or vi	ice chairman of the board)		<u>3/26/21</u>	
				(2)	
TO CLEFF	(Printed or typed name	e and title)		±=	
corporation, I l I further agree	amed as registered ag hereby accept the app to comply with the pi f my duties, and I am	gent and to accept serve cointment as registered rovisions of all statute familiar with and acce	d agent and agree to s relative to the pro	o act in this cap per and comple	acity. te
(5	Signature of Registered Age	nt)	(Date)	· · · · · · · · · · · · · · · · · · ·	
If signing on beha	lf of an entity:	.	-		
	Typed or Printed Name)		(Capac	eity)	·

CR2E045(9/00)

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