P9800015861

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Certificates	of Status	
Special Instructions to Filing Officer:		
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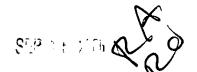
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

то:	Amendment Section Division of Corporations			
SUBJE	ECT: FINLEY ENTERPRISES, INC. (Name of Corpora	ition)		
DOCU	MENT NUMBER: P98000015861			
	closed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
		-		
	KEVIN K. DIXON, ESQ.			
(Name of Contact Person)				
	KEVIN K. DIXON, P.A. (Firm/Compan)			
	(Firm/Compan	y)		
	P.O. BOX 1300			
(Address)				
	INVERNESS, FL 34451-1300	Cado		
(City/State and Zip Code)				
For furt	ther information concerning this matter, please call:			
KEVIN K. DIXON, ESQ. at (352) 637-6040		352) 637-6040 (Area Code & Daytime Telephone Number)		
	(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	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

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

statement of c	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 change is submitted for a corporation organized under the laws of ta order to change its registered office or registered agent, or both, in the	he State of FLORIDA
1. The name of	of the corporation: FINLEY ENTERPRISES, INC.	
2. The princip	pal office address: 5430 NORTH SUNCOAST BLVD.	
3. The mailing	ng address (if different):	
4. Date of inc	corporation/qualification: 2/17/1998 Document number	er: P98000015861
	and street address of the current registered agent and registered officepartment of State:	ce on file with the
	DAVID S. FINLEY	
	11364 WEST INDIANWOODS PATH	
	CRYSTAL RIVER, FL 34428	
6. The name a	and street address of the new registered agent (if changed) and /or re	
	KEVIN K. DIXON, ESQ.	ASSET 13 LE
	210 WEST HIGHLAND BLVD.	TARY OF STATE LORID
	(P.O. Box NOT acceptable)	2: 4 0RH
TT 1	INVERNESS, FL 34452	
	dress of its registered office and the street address of the business vill be identical.	
Such change authorized by	was authorized by resolution duly adopted by its board of directory the board, or the corporation has been notified in writing of the	ors or by an officer so change.
Vind (Sign	DAVID S. FINLEY, (Printed or ti	President
I further agre of my duties, document is h	ept the appointment as registered agent and agree to act in this co ee to comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligation of my position of being filed merely to reflect a change in the registered office addi- has been notified in writing of this change.	apacity. per and complete performance as registered agent. Or, if this ress, I hereby confirm that the
® //	(Signature of Registered Agent) (06 Date)
	behalf of an entity:	
	XON, ESQ., KEVIN K. DIXON, P.A.	
	(Typed or Printed Name)	

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