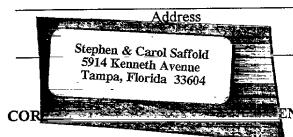
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Requestor's Name



Office Use Only

ENT NUMBER(S), (if known):

1.			
2.	(Corporation Name)	(Document #)	TALLO 98 M
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Certificate of Status

NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS		
Amendment		
 Resignation of R.A., Officer/Director		
Change of Registered Agent		
Dissolution/Withdrawal		
Merger		

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OTHER FILINGS:
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
 Trademark
Other

Examiner's Initials	
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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 617.15 undersigned corporation organized under the laws of the State of $FLORI$	508, Florida Statutes, the DA
submits the following statement in order to change its registered office or register	red agent, or both, in the
State of Florida.	,,,,,,,,,,,,,,
1. The name of the corporation is: <u>DOUBLE S</u> , <u>INC.</u>	<u>.</u>
2. The mailing address of the corporation is: 5914 KENNETH	AVE, TAMPA,
FLORIDA 33604	·
3. Date of incorporation/qualification: FEBRUARY 18, 1998 Document number	per: P9800001669
4. The name and address of the current registered agent and office:	
CORPORATION SERVICE COMPANY	a
1201 HAYS STREET	98 M
TARLAHASSEE, FLORIDA 32301	至
5. The name and address of the new registered agent and office: (P. O. Box Not	Acceptable)
STEPHEN C. SAFFOLD	Acceptable) PP TT
5914 KENNETH AVE	
TAMPA, FLORIDA. 33604	DM P
The street address of its registered office and the street address of the busine agent, as changed, will be identical.	ss office of its registered
Such change was authorized by resolution duly adopted by its board of direct authorized by the board.	tors or by an officer so
	4-30-98 (Date)
(Signature of an officer, chairman or vice chairman of the board)	(Date)
STEPHEN C. SAFFOLD DIRECTOR	4-30-98
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of process for corporation, I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation of registered agent.	the above stated to act in this capacity. oper and complete of my position as
Styche (Signature of Hegistered Agent) (Date	-30-98
(Signature of Registered Agent) (Date	*)
If signing on behalf of an entity:	
	ECTOR apacity)
(T) how of Times Towns	* **