P980000040706

(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to I	Filing Officer:			
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SECRETARY OF STAFF

RA. Charge C.COULLIETTE

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EXAMINER

COVER LETTER

TO:	Amendmer Division of	nt Section Corporations		
SUBJ	ECT:	RANDY CONTE EN	TERPRISES, INC.	
DOC	UMENT NU	MBER: PS	8000040706	
The e	nclosed State	ment of Change of Registered Of	fice/Agent and fee are submitted for filing.	
Please	return all co	rrespondence concerning this ma	ter to the following:	
			•	
	_	EUGENIA	WEST CONTE	
	•	Name of 0	Contact Person	
	RANDY CONTE ENTERPRISES, INC. Firm/Company			
		rimi	Company	
		P. O.	3OX 4047	
			ddress	
		City/State	ORIDA 33677 and Zip Code	
	_		@AOL.COM r future annual report notification)	
		E-mail address: (to be used to	r luture annual report notification)	
For fu	rther informa	tion concerning this matter, pleas	e call:	
		ENIA WEST CONTE	at (8813) 244-6784	
	Nan	ne of Contact Person	Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.0	0 check made payable to the Dep	artment 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

statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RANDY CONTE ENTERPRISES, INC.
2. The principal office address: 6502 WALTON WAY - TAMPA, FLORIDA 33610
3. The mailing address (if different): P. O. BOX 4047 - TAMPA, FLORIDA 33610
4. Date of incorporation/qualification: 5/04/98 Document number: P98000040706
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)
RANDY CONTE - RES. GWED
6502 WALTON WAY
TAMPA, FLORIDA 3610
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
EUGENIA WEST CONTE
6502 WALTON WAY P.O. Box NOT acceptable
TAMPA, FLORIDA 33610
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 office so authorized by the board, of the corporation has been notified in writing of the change.
Signature of an othicer or director EUGENIA WEST CONTE , PRESIDENT Printed or typed name and title
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 merelyto reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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