## P98000062698

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## **COVER LETTER**

	TO: Amendment Section Division of Corporations	
	SUBJECT: FLORIDA STYLE SERVICES, INC.  Name of Corporation	
	DOCUMENT NUMBER: P98000062698	
	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:	
	Robert V. Fitzsimmons Name of Contact Person	-
	Rumberger, Kirk and Caldwell, P.A. Firm/Company	
	80 SW 8 Street, Suite 3000 Address	
	Miami, FL 33130	
	City/State and Zip Code	
	rfitzsimmons@rumberger.com  E-mail address: (to be used for future annual report notification)	
	E-man address. (to be used for future annual report normeation)	
•	For further information concerning this matter, please call:	-
-	Robert V. Fitzsimmons, Esq at (- 305 ) 358-5577  Name of Contact Person Area Code & Daytime Telephone Number	<i>z</i>
	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

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

	e corporation:	FIOI.	ida Styl	e Servi	ces,	Inc.			
2. The principal o	· · · · · · · · · · · · · · · · · · ·	12410 Tamiami Trail, Unit 106,					, Punta Gorda,		
3. The mailing ad	dress (if differen	t):				:	,		<u> </u>
4. Date of incorpo	oration/qualificat	ion: 7/2	L6/98	_ Document	number:	P98	3000062	698	<u> </u>
5. The name and s Florida Departr	street address of ment of State: (If			and register	ed office	on-file-wi	ith the		
_	Greald	Levy,	L.D., CP	A. PA			<del></del>	•	
_	1426 SI	E 44 St	reet					6	<b>.</b>
	Cape Co	oral, FI	33904						, ,=: ,===
6. The name and s (if changed):	•		stered agent (if	<b>.</b>	d /or regi	stered of	fice State File	6 PM 12: 2	T D
	c/o Rui	nberger	Kirk and	d Caldwe	= ≥11, F	·A.	- 13		
-	80 SW 8		PO.Box NOTacco , Suite		Miami,	FL 3	- 33130 -		
The street address as changed will b	s of its registere e identical.	d office and	the street add	ress of the b	usiness o	ffice of i	ts registere	d agent.	
Such change was authorized by the	authorized by r board, or the co	esolution du orporation ha	ly adopted by as been notifie	its board of ed in writing	directors of the ch	or by an ange.	officer so	, <del>-</del>	
Signature	of an officer or direct	or	<u></u>	David	M. C	asmar	offi	.cer/Di	recto
I hereby accept the further agree to of my duties, and document is being corporation has be	he appointment comply with the I am familiar w g filed merely to been notified in	as registered provisions ilh and acce reflect a ch writing of th	l agent and ag of all statutes pt the obligat ange in the re is change.	gree to act in relative to to ion of my po gistered offic	this cape he proper sition as ce addres	acity. cand conregistere s, I here	nplete perf ed agent. C by confirm	ormance or, if this that the	
$\Omega_{c}$					14/10	1			
Signa	ture of Registered Ag	ent	<u> </u>		Dat	9 ;	<del></del>	<del></del>	
	alf of an entity:								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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