P98000097315

(Requestor's Name)								
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(City/State/Zip/Phone #)								
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☐ PICK-UP ☐ WAIT ☐ MAIL								
(Business Entity Name)								
(Document Number)								
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SECRETARY OF STATE
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Clifford Game Myers Carole R. Wright

MYERS & WRIGHT, P.A.

Certified Public Accountants

3825 Henderson Boulevard Suite 208 Tampa, Florida 33629 (813) 289-7866 Fax (813) 289-7869

November 14, 2003

Florida Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314

Re: Magpie Island, Inc.

59-3650374

Gentlemen:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations. Also enclosed is a check in the amount of \$35.00 for the filing fee.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

Clifford G. Myers

CGM/mp Enclosure

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJE	CT: Magpie I	sland, Inc.			
		(Name of corpo	ration)		
DOCU	MENT NUMBER:P98000	097315			<u></u>
The end	closed Statement of Change of Regis	tered Office/Agent a	and fee	are submitted :	for filing.
Please 1	return all correspondence concerning	this matter to the fo	ollowing	g :	
	Marga	rita Whidden			
		(Name of pers	on)		
	Perez	& Perez, M.D.'	s, P.	Α.	
•		(Name of firm/cor	npany)		
	4506 Wi	shart Place			
		(Address)			
	Tampa,	Floriđa 33603			
-		(City/state and zig	code)		
For fur	ther information concerning this mat	ter, please call:			
	Margarita Whidden		at (813	875-6588
	(Name of person)	· · · · · · · · · · · · · · · · · · ·		(Area code &	daytime telephone number
Enclose	ed 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 Add Amendmen Division of 409 E. Gain Tallahassee	t Section Corporations es Street

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

	-		07.1508, or 617.1508, F ws of the State of <u> </u>		-	
	tered office or register					
1. The name of the	corporation:	Magpie Isla	and, Inc.			_
2. The principal of	fice address:	4506 Wishar	t Place			
		Tampa, Fl 3	33603			
3. The mailing add	ress (if different):		<u>.</u>			
4. Date of incorpor	ration/qualification:	11/16/98	Document number:	P98000097315		_ _
5. The name and st Florida Departm		rrent registered agent	and registered office or	ı file with the		
_	Jan	nes L.Chase				
	101	L E. Government	Street	*		
	Per	nsacola, FL 325	01	Z.	95 95	
6. The name and st (if changed):		• • •	changed) and /or regist	LAHASS	FILE NOV 19 RETARY	1
_	Clif	ford G. Myers		<u>ਜ</u>	TOP TO))
	3825	Henderson Blv	d. Suite 208	<u> </u>	STS IS	
		(P.O. Box or personal mailbo	x NOT acceptable)		詩も	
<u></u>	Tamp	pa, F1 33629			,	
The street address changed will be id	of its registered offi lentical.	ce and the street add	ress of the business of	fice of its registere	ed agent, as	
Such change was the board, or the c	authorized by resolu corporation has been	tion duly adopted by notified in writing of	its board of directors of the change.	or by an officer so	authorized by	у
- Karge	with White	dden		L. Whidden.		
I hereby accept th I further agree to duties, and I am f being filed merely been notified in w	e appointment as reg comply with the prov amiliar with and acc to reflect a change i riting of this change.	gistered agent and ag visions of all statutes ept the obligation of in the registered offic	gree to act in this capa relative to the proper my position as registe e address, I hereby co			ny is
- lyf	gnature of Registere Agent	5		11 (17/03		_
If signing on beha	alf of an entity:	•				
	Typed or Printed Name)			(Canacity)		

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