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SECRETARY OF STATE DIVISION OF CORPORATIONS

Towns OCT 0'9'200

COVER LETTER

TO: Amendment Division of	Section Corporations			
SUBJECT:	Alliance Real Estate	e Services Inc		
DOCUMENT NUM	מחמ	000023776		
The enclosed Staten	nent of Change of Registered Office	/Agent'and fee are submitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
	,			
	Lincoln	Crone		
-	Name of Cor	ntact Person		
	Alliance Real Est	ate Services Inc		
•	Firm/Co			
		· · ·		
	5440 1st Av	enue North		
•	Add			
		•		
	St Petersbur	n FL 33710		
	St. Petersbur City/State ar	nd Zip Code		
		_ :		
alliancepm@aol.com				
E-mail address: (to be used for future annual report notification)				
For further information	tion concerning this matter, please of	call:		
	Lincoln Crone			
Nan	ne of Contact Person	at (727) 579-8989 Area Code & Daytime Telephone Number		
Enclosed is a \$35.0	0 check made payable to the Depart	ment of State.		
		:		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
	1 ananasses, 112 32314	Tallahassee, FL 32301		

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 617.1508, Florida Statutes, this 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: Alliance Real Estate Services Inc	<u></u>
2. The principal office address: 5440 1st Avenue North, St. Petersburg, FL 33716	<u> </u>
3. The mailing address (if different): PO Box 29, St. Petersburg, FL 33731	
4. Date of incorporation/qualification: 03/10/1999 Document number: P9900002377	6
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)	
Lincoln E. Crone II	401
1027 Central Avenue	(C)
St. Petersburg, FL 33705	10 E
Lincoln E. Crone II 1027 Central Avenue St. Petersburg, FL 33705 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Lincoln E. Crone II c/o Alliance	EL J
Lincoln E. Crone II c/o Alliance	G
5440 1st Avenue North P.O. Box NOT acceptable	,
St. Petersburg, FL 33710	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	ent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Signature of an officer or director Lincoln E. Crone II, 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 performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	nce this the
Signature of Registered Agent 10/5/6 9 Date	_
If signing on behalf of an entity:	
Typed or Printed Name	

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 * * *