## Florida Department of State

Division of Corporations
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SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 7, 2002

SERVICE ZONE, INC. 3959 VAN DYKE ROAD #365 LUTZ, FL 33558US

SUBJECT: SERVICE ZONE, INC.

REF: P99000025815

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Karen Gibson Corporate Specialist FAX Aud. #: H02000148952 Letter Number: 002A00037715

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

			02, 607.1508, or 617.1508	
	llowing statement in ord		he State of <u>Florida</u> istered office or registered	
-	f the corporation :	SERVICE ZO	NE, INC.	······································
2 The mailing	address of the corporati	5322 Pa	motta` Place	
r- me manng	address of the corporati		lorida 33558	
3. Date of med	orporation/qualification:	3/15/99	Document number:	<u> p</u> 99000025815
4. The name at	nd address of the current	registered agent and	l office:	
	Sharilyn H	ayes		
	3959 Van D	yke Road, #36	5	2002
	Lutz, FL 3	3558		. 12 J
5. The name ar	id address of the new reg )	gistered agent (if cha P. O. Box Not Acce	nged) and/or registered off prable)	fice (if changed)
	James W. Go	oodwin		,
	460 N. Tamp	pa Street, Su	ite 2300	2
	Tampa, FL	33602		1:5
The street adda	ess of its registered offi sed, will be identical.	ce and the street add	fress of the business office	e of its registered
Such change wanthorized by t	as authorized by resolu- he-board.	tion duly adopted by	its board of directors or i	y an officer so
X Lumes	They bear			Z, 200Z
(Signature	of an chicae, cinemato or vice	eheiman of the board)	(Dav	3)
intote	17 J. HAMES (Printed or typed name as	YRESIDE	<u>77</u>	-
Having been no corporation, I i I further agree performance of registered agen	med as registered agen wreby accept the appoint to comply with the prove the duties and I am for		ice of process for the abo l agent and agree to act in relative to the proper an pt the obligation of my po	ve stated 1 this capacity. d complete sition as
	Agoatore of Registered Agont		6/7/02	<u> </u>
If signing on behal			(Date)	
	Typed or Printed Name)	·	(Capacity)	
•	·	FILING FEE: \$35	"	
CR2E045(9/00)	- <b></b>	Piluty Part 939	·vu +	
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