P99000048441

(Re	equestor's Name)	
(Ac	ldress)	· · ·
(Ac	ldress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	,	,
(Do	cument Number)	
(2.2		
Certified Copies	Certificates	of Status
Ocitifica Copies	_ Octanoaces	Of Clates
·		
Special Instructions to	Filing Officer:	





100030809251

03/23/04--01025--003 **35.00

O4 MAR 22 AH 9: 21

SECRETARY OF STATE
TALLAHASSEL FLORIE

RA Mange

T BROWN MAR 26 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:ANGELS IN THE ARCHITECTURE, INC	
(Name of corporation)	
DOCUMENT NUMBER: P99000048441	
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:	
STEPHEN FITTS (STEVE)	
(Name of person)	
ANGELES IN THE ARCHITECTURE, INC	
(Name of firm/company)	
`	
7 15TH STREET	
(Address)	•
· · · ·	
OT ALICHOTINE EL COCCO	
ST AUGUSTINE, FL 32080 (City/state and zip code)	
For further information concerning this matter, please call:	
STEPHEN FITTS (STEVE) at (904) 471-4983	
STEPHEN FITTS (STEVE) at (904) 471-4983 (Name of person) (Area code & daytime telephone number	r)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
Amendment Section Amendment Section	
Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street	
Tallahassee, FL 32314 Tallahassee, FL 32399	

TO:

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

change is submit	ted for a corporation organized under the laws of the State ofFLORIDA in or	•
to change its reg	istered office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation: ANGELS IN THE ARCHITECTURE, INC.	
2. The principal of	office address: 7 15TH STREET	
ST AUGUST	INE, FL 32080	_
	ddress (if different): 7 15TH STREET INE, FL 32086	
4. Date of incorp	poration/qualification: 5/27/99 Document number: P99000048441	
	street address of the current registered agent and registered office on file with the tment of State:	
	DOUGLAS W. OESTERLE	
	9506 SO. RED ROAD	4
	MIAMI, FL 33156	-
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	5
	STEPHEN FITTS 2	
	7 15TH STREET	
	(P.O. Box or personal mailbox NOT acceptable)	
	ST AUGUSTINE, FL 32080	
The street addre	ess of its registered office and the street address of the business office of its registered agent, as identical.	
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so authorized a corporation has been notified in writing of the change.	by
	ignature of an officer or director) (Printed or typed name and title)	
,	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of a familiar with and accept the obligation of my position as registered agent. Or, if this document active to reflect a change in the registered office address, I hereby confirm that the corporation has a writing of this change.	my it is
	Gionature of Registered Agents (Signature of Registered Agents)	
	chalf of an entity:	
	(Typed or Printed Name) (Capacity)	

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