## P99000050609

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ROBERT LITTLE ENTERPRISES, INC. (Name of corpora	ition)		
DOCUMENT NUMBER: DOC#P99000050609			
The enclosed Statement of Change of Registered Office/Agent an	nd fee are submitted for filing		
Please return all correspondence concerning this matter to the following			
Trouse recurr an correspondence concerning and matter to the for	·		
ROBERT LITTLE			
(Name of person)			
ROBERT LITTLE ENTERPRISES, INC.			
(Name of firm/com)	pany)		
101 AMERICAN CENTER PLACE SUITE 210			
(Address)			
TAMPA,FLORIDA 33619			
(City/state and zip o	code)		
For further information concerning this matter, please call:			
ROBERT LITTLE (Name of person)	at (813) 664-1135 (Area code & daytime telephone number)		
(Mario de possole)	(The code of the thing the complete number)		
Enclosed is a \$35.00 check made payable to the Department of St	tate.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street		
Tallahassee, FL 32314	Tallahassee, FL 32399		

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

		17.0502, 607.1508, or 617.1508, Florida Statutes, this statement of
		nder the laws of the State of FLORIDA in order
to change its reg	gistered office or registered agent,	or both, in the State of Florida.
1. The name of t	the corporation: ROBERT LITTLE	ENTERPRISES, INC.
2. The principal	office address: 101 AMERICAN	CENTER PLACE SUITE 210
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 6/04/1999	Document number: DOC#P99000050609
	d street address of the current regis rtment of State:	tered agent and registered office on file with the
	ROBERT LITTLE ENTERPRISE	ES, INC
	501 SOUTH FALKENBURG RO	DAD
	TAMPA FLORIDA 33619	128 AST
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office
	ROBERT LITTLE	PRIE T
	101 AMERICAN CENTER PLACE	DE SUITE 210
	(P.O. Box or )	personal mailbox NOT acceptable)
	TAMPA,FLORIDA 33619	
The street addre	ess of its registered office and the	street address of the business office of its registered agent, as
Such change withe board, or the	as authorized by resolution duly a corporation has been notified in	adopted by its board of directors or by an officer so authorized by a writing of the change.
	Signature of an officer or director)	(Printed or typed name and title)
I hereby accept I further agree duties, and I am being filed mer	the appointment as registered at to comply with the provisions of a familiar with and accept the ob-	gent and agree to act in this capacity. all statutes relative to the proper and complete performance of my ligation of my position as registered agent. Or, if this document is stered office address, I hereby confirm that the corporation has
flate	dela	JUNE 23 2004
7	(Signature of Registered Agent)	(Date)
If signing on bo	chalf of an entity:	
	(Typed or Printed Name)	(Capacity)

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

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