P99000105182

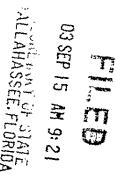
(Requestor's Name)
(Address)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



000022815660

09/15/03--01013--003 **35.00



Ps 5/15/03

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JUST Holding Tic (Names of corporation)
DOCUMENT NUMBER: 799000 105182
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:
GARY Steve Melson(Name of person)
Tast Haldings Inc (Name of Arm/company)
1324 Seven Springs Blod. ** (Address)
New Port Picker PZ 34655 (City/state and zip code)
For further information concerning this matter, please call:
CARY S. NELSON at (727) 376-5664  (Name of person) (Area code & daytime telephone number)
Enclosed 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 Address:  Amendment Section  Division of Corporations 409 E. Gaines Street  Tallahassee, FL 32399

'TO:

## 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: JUST HOLD, 75
2. The principal office address: 1324 Seven Springs Blod
New Port Richey PL 34655
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/06/1999 Document number: 799000/05187
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
CARY S. NELSON
33195 US Hary 19 No.
Palm Harbor Fr 34684 For 10
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
GARY Steve Melson
1324 Seven Springs Blud (P.O. Box or personal mailbox NOT acceptable)
New Port Richey Fr 34655
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
/ sur 1. Note GARY & Nelson President/Charen
(Signature of alvorticer, chairman of vice chairman of the board) (Frinds of types 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
September 12 2003
(Signature of Registered Agent)  If signing on behalf of an entity:
an originary on output on the value.
(Typed or Printed Name) (Capacity)

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