## V11345

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



000033711350

04/26/04--01012--011 \*\*35.00

MAIN ANASSEE ELORIDO

Office Use Only

Office Use Only

Solution

So

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PISTOLENZ CORP.  (Name of corporation)	
DOCUMENT NUMBER: V11345	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin	0 - 0
Please return all correspondence concerning this matter to the following:	OLAPR 26 PA 4: 30
ALICE STURROCK	SSET
(Name of person)	- The F
	OF C
PISTOLENZ CORP.	Br. C
(Name of firm/company)	
PO BOX 881	
(Address)	<u> </u>
WINTER PARK, FL 32790	
(City/state and zip code)	
For further information concerning this matter, please call:	
WILLIAM R. KING at ( 561 ) 775-690	0
(Name of person) at (561 ) 775-690 (Area code & daytime	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
Amendment Section Amendment Section	1 tions
Division of Corporations P.O. Box 6327  Division of Corpora 409 E. Gaines Stree	aous t
Tallahassee, FL 32314 Tallahassee, FL 323	399

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

Pursuant to the	provisions of sections 607.0502, 6	617.0502, 607.1508, or 617.1508, Florida Statutes	, this statement of
		under the laws of the State of FLORIDA	in order
to change its re	gistered office or registered agent,	or both, in the State of Florida.	
1. The name of	the corporation: PISTOLENZ, CO	ORP.	
2. The principal	office address: 321 E WEBSTER	RAVE	
	WINTER PARK,	, FL 32789	
3. The mailing a	ddress (if different): POBOX 88	31	
	WINTER PA	ARK, FL 32790	
4. Date of incor	poration/qualification: 02/03/199:	2 Document number: V11345	
	I street address of the current registrement of State:	stered agent and registered office on file with the	
	JOSEPH K. STILL, JR.		
	CLEARLAKE PLAZE, SUITE 6	00, 500 AUSTRIALIAN AVE S	· ·
	WEST PALM BEACH, FL 3340	01	
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	OLAPR 26 PM 4: 30
	ADAG, Inc.		- SSE
	3800 South Congress, Suite 9	-	TEO F
	(P.O. Box or	personal mailbox NOT acceptable)	
	Boynton Beach, FL 33426		
The street addr	ess of its registered office and the identical.	e street address of the business office of its regis	tered agent, as
Such change w the board, or th	as authorized by resolution duly e corporation has been notified i	adopted by its board of directors or by an office in writing of the change.	r so authorized by
	Separative of an officer of director)	TILLMAN L. EDDY, PRES (Printed or typed name an	d title)
duties, and I at being filed mer	the appointment as registered a to comply with the provisions of in familiar with and accept the old	igent and agree to act in this capacity, all statutes relative to the proper and complete bligation of my position as registered agent. Or, issered office address, I hereby confirm that the	performance of my if this document is
~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	(Signature of Registered Agent)	(Date)	
If signing on b	chalf of an entity:		
William R. King		Pres.	
	(Typed or Printed Name)	(Capacity)	

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