

V43440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

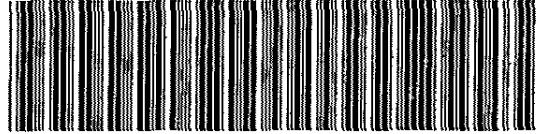
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

Handwritten signature: C. Coulllette

C. Coulllette AUG 03 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GUCKENBERGER 'N' PARTNERS, INC.
(Name of corporation)

DOCUMENT NUMBER: 593130967

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:

RICHARD P. CATON
(Name of contact person)

WILLIAMSON, DIAMOND & CATON, P.A.
(Firm/Company)

9075 SEMINOLE BOULEVARD
(Address)

SEMINOLE, FL 33772
(City/state and zip code)

For further information concerning this matter, please call:

RICHARD P. CATON at (727) 398-3600
(Name of contact 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 27, 2005

RICHARD P. CATON
WILLIAMSON, DIAMOND & CATON, P.A.
9075 SEMINOLE BLVD.
SEMINOLE, FL 33772

SUBJECT: GUCKENBERGER 'N' PARTNERS, INC.
Ref. Number: V43440

We have received your document for GUCKENBERGER 'N' PARTNERS, INC. and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 905A00048779

RECEIVED
05 AUG -3 AM 8:00
DIVISION OF CORPORATIONS

**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: GUCKENBERGER 'N' PARTNERS, INC.
2. The principal office address: 235 CENTRAL AVENUE, ST. PETERSBURG, FL 33701
3. The mailing address (if different): 235 CENTRAL AVENUE, ST. PETERSBURG, FL 33701
4. Date of incorporation/qualification: 6/11/1992 Document number: V43440
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KENNETH A. GUCKENBERGER

255 8TH AVENUE NE

ST. PETERSBURG, FL 33701

6. The name and street address of the new registered agent (if changed) and 'or registered office (if changed):

RICHARD P. CATON

9075 SEMINOLE BOULEVARD

(P.O. Box NOT acceptable)

SEMINOLE, FL 33772

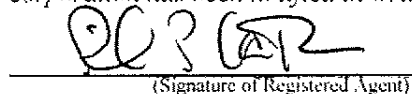
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

ROBERT J. GUCKENBERGER, JR., PRESIDENT
(Printed or typed 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.


(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
05 AUG -3 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FL 32307