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REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: May 22, 2003

ORDER TIME : 10:47 AM

ORDER NO. : 104014-050

CUSTOMER NO: 7379097

CUSTOMER: Mr. Gary Curto

Juvenile Diabetes Research

19 Floor

120 Wall Street

New York, NY 10005

CHANGE OF AGENT

NAME:

JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

Pursuant to th	he provisions of sections 607.0502,	617.0502, 607.1508, or 61	17.1508, Florida Statute	s,	
	of change is submitted for a corpora	-			
	a in order to change its regis	tered office or registered a	gent, or both, in the Sta	te	
of Florida.	TIMENTE E DT ADI	PA <i>CINITIA UNG</i> ARRES OFFIT	ידחא TNTFRNATTONAL.	(TNCORPORA	
	f the corporation: JUVENILE DIABI		• • • • • • • • • • • • • • • • • • •		
2. The principa	al office address: 120 Wall Street	t, 19 Floor, New York	NY_10005		
			漢 		
3. The mailing	; address (if different):	· · · · · · · · · · · · · · · · · · ·	<u>****</u>		
_			= 10 B		
4. Date of inco	orporation/qualification: October	14, 1974 Document num	nber: 83317	<u> </u>	
	nd street address of the current regist artment of State:	ered agent and registered o	ffice on file with the	ED	
	C T Corporation System	<u> </u>		₹ ₹	
	1200 South Pine Island Road	_·		22	
	Plantation, FL 33324	·	~~~~~		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company	7 .			
	1201 Hays Street	nailbox NOT acceptable)		ar I	
	Tallahassee, FL 32301	=	·		
The street add agent, as chan	ress of its registered office and the s	street address of the busines	ss office of its registered	i	
Such change v authorized by	vas authorized by resolution duly ad the board, or the corporation has be	lopted by its board of direct en notified in writing of the	tors or by an officer so e change.		
(Signature of an office	er, chairman or vice chairman of the board)	Maurgen Cullen, Attor (Printed or typed name	mey In Fact	4	
I further agree performance of registered age	of the appointment as registered age to comply with the provisions of all of my duties, and I am familiar with thit. Or, if this document is being file I hereby confirm that the corporati	ll statutes relative to the pr and accept the obligation o ed merely to reflect a chan	oper and complete of my position as ge in the registered		
Tugne	(Signature of Registered Agent)	5/22/03 (Date)		-	
If signing on beha	alf of an entity:	. 			
Regina Katz	(Type of ay Drieted Nama)	Assistant Vice Presid			
	(Typed or Printed Name)	(Capacity	· J		

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