FODDOODOOGO GO GO TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	<u> </u>		
Division of Corporations	<u> </u>		
SUBJECT: OVEROCEANS, INC	<u>,</u>		
Name (Name	e of corporation)		
DOCUMENT NUMBER: F00000000606			
The enclosed Statement of Change of Registere	d Office/Agent and	fee are submitted for fi	ling.
Please return all correspondence concerning this	s matter to the follow	ving:	
DONNA ENGLISH	· · · · · · · · · · · · · · · · · · ·	200 <u>0</u> 07 -09/2	3773626 4/0201017003
(Name of person)	i		*35.00 *****35.00
OVEROCEANS, INC	* 2 <u></u>		
(Name of firm/company)	· —		
8292 NW 14TH STREET	,	_	02 SEC SALL
(Address)	Ţ .	_	
MIAMI, FL 33126	· · · · · · · · · · · · · · · · · · ·		ARY 24
(City/state and zip code)			To ≥ M
For further information concerning this matter,	please call:		CORU.
DONNA ENGLISH at		-9997	<i>च्चित्र</i> ∞ -
(Name of person)	(Area code & dayt	ime telephone number)	
Enclosed is a \$35.00 check made payable to the	e Department of Stat	te.	
Division of Corporations Division of Corporations Division of 409 E. Gr	ddress: ent Section of Corporations aines Street see, FL 32399	A Sold of	of of the state of
CR2E045(07/02)		A Dr	

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

	e provisions of sections 607.0302, 617.03 of change is submitted for a corporation or in order to change its registered o	ganized under the laws of the Sta	ate of
of Florida.		<u> </u>	
1. The name of	the corporation: OVEROCEANS, INC	_	
	l office address: 8292 NW 14TH STREET,	MIAMI, FL 33126	
3. The mailing	address (if different): N/A		
4. Date of inco	rporation/qualification: 28 JAN 1999	Document number:F0000	00000606
5. The name ar Florida Depa	nd street address of the current registered agartment of State: KATHLEEN R. CARLTON	ent and registered office on file v	TARY ASSE
	OVEROCEANS, INC		
	8292 NW 14TH STREET, MIAMI, FL 3312	6	AMIO: 38 OF STAIL
6. The name a changed):	DONNA ENGLISH OVEROCEANS, INC (P.O. Box or personal mailbox N	OT acceptable)	red office (if
The street add	ress of its registered office and the street a ged will be identical.		its registered
agent, as chan	ged will be identical.		- 60
Such change v	was authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an iffied in writing of the change.	d Officer so
aumorized by	GÉ	ORGE J. SMITH, VICE PHESIDER	VT
(Signature of an office	cer, chamman or vice chamman of the board)	(Printed or typed name and title)	
I hereby accept further agree performance of registered age office address	or the appointment as registered agent and e to comply with the provisions of all statu of my duties, and I am familiar with and a ent. Or, if this document is being filed ment, I hereby confirm that the corporation has	t agree to act in this capacity. Ites relative to the proper and co- ccept the obligation of my positive rely to reflect a change in the re- s been notified in writing of this	implete on as gistered change.
do	not Eld	9-4-02	
If signing on bel	(Signature of Regulstered Agent) nalf of an entity:	(Daily)	
	(Typed or Printed Name)	(Capacity)	
	* * * FILING FEE;	\$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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