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## TRANSMITTAL LETTER

- Division of Corporations
SUBJECT: I ale Wing Energy, Inc (Name of corporation)
DOCUMENT NUMBER: F02000004338
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:
John F Simons (Name of person)
(Name of person)
Tole Wing Energy, Inc (Name of firm/company)
30× 1588 (Address)
(Address)
IslamoraDa, Fl 33036
(City/state and zip code)
For further information concerning this matter, please call:
John Simons at (305, 852-2506 (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

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

of change is submitted for a corporation organized under the laws of the State of Lelawace in
order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:  2. The principal office address:  1. The mailing address (if different):  2. The mailing address (if different):  3. The mailing address (if different):  3. The mailing address (if different):  4. Date of incorporation/qualification:  3. The mailing address (if different):  4. Date of incorporation/qualification:  3. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
John Simons Robbie's Marina :  (P.O. Box or personal mailbox NOT acceptable)  Mile Marker 77.5 Islamorada F1 33036
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 aprofficer or director)  (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) (Capacity)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE