

F98000006686

CATHY L. LUCREZI, P.A.

1500 COLONIAL BLVD., SUITE 214 • FORT MYERS, FL 33907 • 941/931-6044 • FAX: 941/931-9044

September 25, 2000

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Touch of Color Services, Inc.

800003406698-4
-09/27/00-01075-006
*****35.00 *****35.00

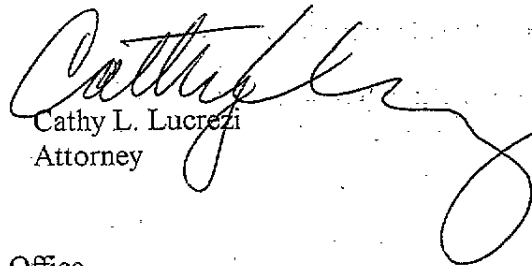
Dear Sir/Madam,

Enclosed please find a statement indicating a **CHANGE OF ADDRESS** for the **REGISTERED AGENT'S OFFICE**. All other corporate information remains the same.

Also enclosed is a check for \$35.00 for the cost of filing the change.

Thank you.

Sincerely,



Cathy L. Lucrezi
Attorney

cll

Enclosure: Statement of Change of Registered Office
cc: Touch of Color Services, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 27 PM 4: 09

R.O. Change
NLB 10-4-2000

STATEMENT OF CHANGE OF REGISTERED OFFICE

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned registered agent for the corporation named below, organized under the laws of the State of Virginia, submits the following statement in order to change its registered office in the State of Florida.

1. The name of the corporation: **Touch of Color Services, Incorporated.**
2. The mailing address of the corporation: **P.O. Box 3107, Frederick, MD 21705-3107.**
3. Date of incorporation/qualification: **12/08/98**
Document No. **F98000006686**

4. The name and address of the current registered agent and office:

Cathy L. Lucrezi
2256 Heitman St.
Fort Myers, FL 33901

5. The **NEW** address of the registered agent is:

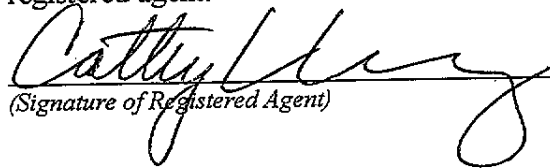
1500 Colonial Blvd., Suite 214
Fort Myers, FL 33907

00 SEP 27 PM 4: 10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A copy of this Statement of Change has been sent to the corporation at its mailing address.

Having been named as registered agent and to accept service of process for the above stated corporation, I 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.


(Signature of Registered Agent)

9-25-00
(Date)