

LO1000019150

00789-00524-01071 - wrong form

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

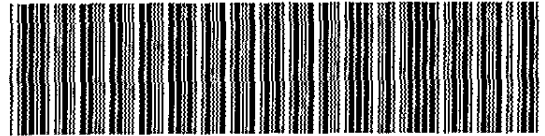
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/6 R/A change

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Office Use Only



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Marked
1.1/14/02

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ultracorp International, L.L.C.
(Name of corporation)

DOCUMENT NUMBER: L01000019150

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:

Ave Keller
(Name of person)

Ultracorp International
(Name of firm/company)

POB 1004
(Address)

Fort Lauderdale, Fl. 33302
(City/state and zip code)

For further information concerning this matter, please call:

Ave Keller at (954) 557-0710
(Name of 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

Jim Smith
Secretary of State

November 19, 2002

AVE KELLER
ULTRACORP INTERNATIONAL
P.O. BOX 1004
FORT LAUDERDALE, FL 33302

SUBJECT: ULTRACORP INTERNATIONAL, L.L.C.
Ref. Number: L01000019150

We have received your document for ULTRACORP INTERNATIONAL, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered agent for a Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 602A00062483

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ULTRACORP INTERNATIONAL
2. The mailing address of the limited liability company is : POB 1004 Fort Lauderdale, FL. 33302

3. Date of filing/registration in Florida 11/02/2001 4. Document number L01000019150

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

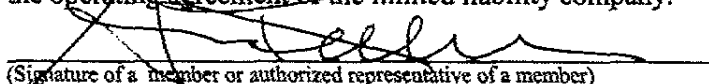
Robinson, William
Name
295 Goolsby Blvd.
Address
Deerfield Beach, Fl. 33442
City, State and Zip

6. The name and address of the new registered agent and/or office:

Ave Keller
Name
818 East Las Olas Blvd.
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale FL 33301
City, State and Zip

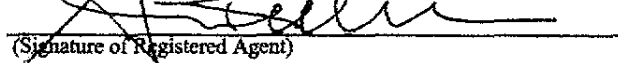
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Ave Keller
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

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