

L4174173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

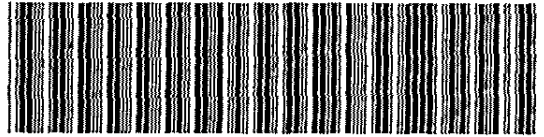
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

RAA Ochoy
MD 8/30

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AGE OF AQUARIUS, INC.
(Name of corporation)

DOCUMENT NUMBER: L47473

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:

PATRICIA FUCCILE
(Name of contact person)

AGE OF AQUARIUS, INC.
(Firm/Company)

301 SE 6th Street
(Address)

Dania, Fl 33004
(City/state and zip code)

For further information concerning this matter, please call:

PATRICIA FUCCILE at (954) 792-4205
(Name of contact 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AGE OF AQUARIUS, INC.
2. The principal office address: 415 E. Sheridan Street, Dania, Fl 33004
3. The mailing address (if different): 301 SE 6th Street
Dania, Fl 33004
4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sophia Steele

301 SE 6th Street Dania, Fl 33004

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Patricia Fuccile

306 SE 6th Street Dania, Fl 33004

(P.O. Box NOT acceptable)

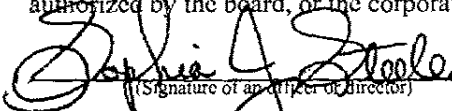
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

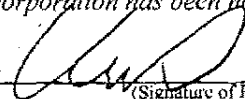
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Sophia Steele, President

(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)

July 27, 2004

(Date)

If signing on behalf of an entity:

PATRICIA FUCCILE
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314