

M 44010

Gust August

Requestor's Name

11601 Biscayne Blvd. Ste. 200c

Address

Miami, FL 33181

City/State/Zip

Phone #

400002935874--0
-07/20/99--01026--007
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

V. SHEPARD JUL 26 1999
V. SHEPARD 26 1999

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of Florida submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: 1360 Power, Inc.

2. The street address of the current registered office:
8951 N.E. 8th Av. #117
Miami FL 33138

3. The street address of the new registered office:
11601 Biscayne Blvd #200c
N. Miami FL 33181

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The corporation has been notified in writing of this change.

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

Date: 7-7-99

[Signature]
(Signature of Registered Agent)

Gus August
(Printed or Typed Name)

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**