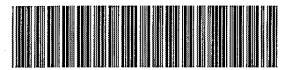
M77524

Equity Financial Resources, Inc. P.O. Box 630174 Miami, Florida 33163-0174 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies _____ Special Instructions to Filing Officer.





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FILEU 33 APR 10 AM 8 20 SECRETATION OF THE PROPERTY OF THE PRO

RO Charse 1/11/03 T. Lewis 4/17/03

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.15	08, or 617.1508, Florida Statutes, the
$under signed\ corporation\ organized\ under\ the\ laws\ of\ the\ State\ of\ _$	•
submits the following statement in order to change its registered of	fice or registered agent, or both, in the
State of Florida.	
1. The name of the corporation is: CALLY THAIRIN	VETOINCES HUC.
2. The mailing address of the corporation is: 21210 NE	20, NE. MAMISTE
33179	
3. Date of incorporation/qualification:	cument number: M 7754
4. The name and address of the current registered agent and office:	
JOEL R. LAVENDER	7 0
570x t 1 1 2	7-1-2 4/2
2500 Flos Clas 1701	Illauns *You 3 T
Tot his PC 2330	
5. The name and address of the new registered agent and office: (P.	O. Box Not Acceptable)
LOEL K. IMMENDER	
507 SE IT CT.	20
Fox busenale, FL 333	316
The street address of its registered office and the street address o agent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution doly adopted by its be authorized by the board.	pard of directors or by an officer so
	2/19/102
(Signature of an officer chairman or vice chairman of the board)	(Date)
PRIVE FRIUNNICK	>/10x/2
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered agen I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the registered agent.	process for the above stated i and agree to act in this capacity. ive to the proper and complete obligation of my position as
2	418103
(Signature of Registered Agent)	4/8/03 (Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
7 7A ***	` * */