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CORPORATION NAMI	E(S) & DOCUME	NT	NUMBER(S), (if	kn	own):
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CR2E031(7/97)

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,	
the undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida. Dum Harker north Footfoll	
1. The name of the corporation: Warm Harson your Foot By/(
HESCEPATION, BUC	
W N C O C 7	
2. The mailing address of the corporation.	
Vain HARRER 34687-	~ ^
3. Date of incorporation/qualification: 5-3-02 Document number: NU20000033	92
4. The name and address of the current registered agent, and office:	
TAUKE HILL	
- Julie Dec Un	- C
1/48 F1056 NK	MIN-
Value MARSUR, PC 34683 SE - 1	Total Control
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)	2 1
(P. O. Box Not Acceptable)	
10m Mohr SE 7	
1166 Pensol MMON	
Jalu StARBER, FC 34683	
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.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Marine Marin	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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	
performance of my duties, and I am familiar with and accept the obligation of my position as	
registered agent.	
(Signature of Registered Agent) (Date)	
λ	
If signing on behalf of an entity: Thomas Moh R Mesiner by	
(Typed or Printed Name) (Capacity)	

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