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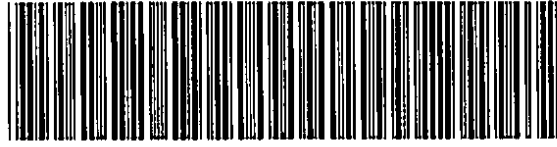
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Everglades Outpost, Inc
Name of Corporation

DOCUMENT NUMBER: N930000000868

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:

MARTHA FRASSICA-RIVERA
Name of Contact Person

Everglades Outpost
Firm/Company

35001 SW 192 AVE
Address

HOMESTEAD FL 33034
City/State and Zip Code

EVERGLADESREFUG@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA FRASSICA RIVERA at (7810) 253-3419
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

