P00000071925

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ALLABASSEE, FLORIDA

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TRANSMITTĀL LETTER

| TO: Amendment Section Division of Corporations | _ | | | | | | |
|---|---|--|--|--|--|--|--|
| SUBJECT: AUTOMATED PLASTICS | S GROUP, INC. | | | | | | |
| | (Name of corporation) | | | | | | |
| DOCUMENT NUMBER: P000000 | 071925 = | | | | | | |
| The enclosed Statement of Change o | of Registered Office/Agent and fee are submitted for filing. | | | | | | |
| Please return all correspondence con | cerning this matter to the following: | | | | | | |
| MARIO G. de MENDOZA, III, ESQ. | | | | | | | |
| (Name of perso | on) = | | | | | | |
| MARIO G. de MENDOZA, III, P.A. | _ | | | | | | |
| (Name of firm/com | ipany) | | | | | | |
| 12765 FOREST HILL BOULEVARD, S | SUITE 1302 | | | | | | |
| (Address) | | | | | | | |
| WELLINGTON, FL 33414 | <u> </u> | | | | | | |
| (City/state and zip o | code) | | | | | | |
| For further information concerning the | his matter, please call: | | | | | | |
| MARIO G. de MENDOZA, III | at (561) 784-2930 (Area code & daytime telephone number) | | | | | | |
| (Name of person) | (Area code & daytime telephone number) | | | | | | |
| Enclosed is a \$35.00 check made pay | yable 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, 6 | <i>517.</i> 0502, 607.1508, | or 617.150 | 8, Florida Sta | tutes, |
|---|---|--|--|---|-----------|
| this statement of | f change is submitted for a corporat | v | • | • | |
| | in order to change its registe | ered office or registe. | red agent, | or both, in the | State |
| of Florida. | | 27.0 2. 02.010.010 | | | |
| | the corporation: AUTOMATED PLAS | | | · | |
| 2. The principal | office address: 13955 S.W. 144TH | STREET, MIAMI, FL | 33186 | | |
| | | | · | <u></u> | |
| 3. The mailing a | address (if different): c/o MARIO G. | de MENDOZA, III, P.A | ., 12765 FC | REST HILL | |
| | RD, SUITE 1302, WELLINGTON, FL 3 | | · | | |
| 4. Date of incorp | poration/qualification:07/24/2000 | Documen | t number: _ | P00000071925 | 5 |
| 5. The name and | d street address of the current registertment of State: | | red office o | n file with the | |
| r torrau Dopui | ARNOLD BRINKMANN | ₩ 1 ^m | | | |
| • | 131 PALOMA DRIVE | - | | | |
| • | CORAL GABLES, FL 33143 | | | | 0 |
| 6. The name an | nd street address of the new registe | ered agent (if change | d) and /or | registered offic | ω ce ∰ |
| changed): | MARIO G. de MENDOZA, III, P.A. | = | | A | 619 |
| - | 12765 FOREST HILL BOULEVARD, | | | | 3 |
| - | (P.O. Box or personal ma | ailbox NOT acceptable) | | | ジ ご |
| | WELLINGTON, FL 33414 | | | - Zak | 81 |
| The street addreagent, as change | ess of its registered office and the st ed will be identical. | reet address of the b | usiness offi | ice of its registe | ered |
| Such change was authorized by if | as authorized by resolution duly add be board, or the corporation has bee | opted by its board of in notified in writing | directors of of the char | r by an officer ige. | so |
| X 1/1/1 | | ARNOLD BRINKMA | NN, JR., VI | CE_PRES. | |
| | (Marinan or vice charman of the board) | | ed name and titl | | , |
| I hereby accept I further agree to performance of registered agen office addressy | the appointment as registered ager to comply with the provisions of all my defics, and I am familiar with a t. Oy if this document is being filed hereby confirm that the corporation | nt and agree to act in statutes relative to t und accept the obliga d merely to reflect a on has been notified | this capac he proper o tion of my change in i in writing o | eity. and complete position as the registered of this change. | |
| | interior of Represent Advantage | 07/08/03 | Date) | * X-2 | |
| TO design of 1 | C. C. a. antitud | <u>.</u> | Duit) | | |
| If signing on behal MARIO G. de M | • | PRES <u>ID</u> ENT | | | |
| | yped or Printed Name) | | Capacity) | <u></u> | |

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