## P0100020984

Tuesday, June 19, 2001

Re: Request for Certificate of Status for AugMerio, Incorporated.

P01-20984

Dear Sirs,

Please send a Certificate of Status for AugMerio to:

Attn: Alan Tomczak 1045 Sundown Court Mukwonago, WI 53149 800004439088--0 -06/25/01--01085--023 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

800004439088——0 -06/25/01--01085--024 \*\*\*\*\*\*8.75 \*\*\*\*\*\*8.75

Any guestions I can be realed at

262-363-0811

Thanks

DIVISION DE AM 9: 50

RA Chg,

V. SHEPARD JUN 29 2001

## 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 FLORIDA
submits the following statement in order to change its registered office or registered agent, or bottom
1. The name of the corporation: Aug Merro, Inc.
2. The mailing address of the corporation:  1045 Sundown Court  Mukwonago, WI 53149
3. Date of incorporation/qualification: 2/27/01 Document number. PO 1000020984
4. The name and address of the current registered agent and office:
ACAN C. TOMCZAK
DEACONDA TO 30 ET
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)  Roberta A. Rossel
1040 WOODLDRE CIRCLE GUIF BREEZE, Aa. 32563
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 position of the board)  (Date)
ACAN C. TOMCZAK  (Printed or typed name and virile)
(Printed or typed name and title)  Idving 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. Further agree to comply with the provisions of all statutes relative to the proper and complete efformance of my duties, and I am familiar with and accept the obligation of my position as
(Signature of Registered Agent) (Date)
Signing on behalf of an entity:  ROBB R-ROSSEL  (Typed or Printed Name)  REGISTERED AGENT
(Capacity)  * * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, FL 32314