

P03000073621

NORDSOUTH  
GALLERY

..... MONTRÉAL ..... MIAMI .....  
1784 West Avenue, Suite 1, Miami Beach, Florida, 33139

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

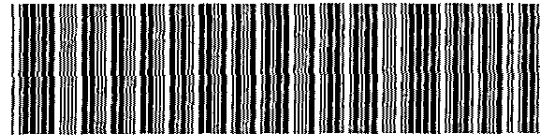
(Business Entity Name)

(Document Number)

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*R.A. Charge*

G. Coullotte OCT 19 2004



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 27, 2004

NORDSOUTH GALLERY  
1784 WEST AVE.  
STE. 1  
MIAMI BEACH, FL 33139

SUBJECT: GALLERY NORDSOUTH, INC.  
Ref. Number: P03000073621

We have received your document for GALLERY NORDSOUTH, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 204A00056422

**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 both, in the State of Florida.

- 1. The name of the corporation : GALLERY NORTHSOUTH, INC
- 2. The mailing address of the corporation : 1784 WEST AVE, UNIT #1  
MIAMI BEACH, FL 33139
- 3. Date of incorporation/qualification: JULY 3/03 Document number: P03000023621
- 4. The name and address of the current registered agent and office:

YOUR CAPITAL CONNECTION, INC  
417 E VIRGINIA ST, SUITE 1  
TALLAHASSEE, FL 32301

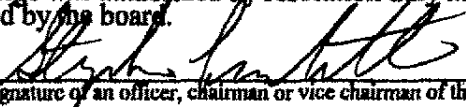
- 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

FRECHETTE, STEPHANE  
1784 WEST AVE, SUITE 1  
MIAMI BEACH, FL 33139

SECRETARY OF STATE  
TALLAHASSEE, FL  
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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

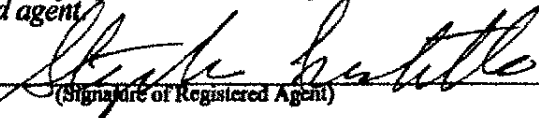
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

SEPT. 09/04  
(Date)

STEPHANE FRECHETTE  
(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 registered agent.

  
(Signature of Registered Agent)

SEPT 09/04  
(Date)

If signing on behalf of an entity:

STEPHANE FRECHETTE PRESIDENT  
(Typed or Printed Name) (Capacity)

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