P040004/644

(Requestor's Name)					
(Address)					
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
·	-				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



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LAW OFFICES

WAYNE P. CASTELLO

TELEPHONE (352) 377-4422 FAX (352) 373-5792 MERIDIEN PLACE

2772 N.W. 43RD STREET, SUITE W
GAINESVILLE, FLORIDA 32606

April 13, 2004

VIA FEDERAL EXPRESS

Division of Corporations State of Florida Department of State 409 East Gaines Street Tallahassee, FL 32399 Telephone (850) 487-6051

Re: TheInCircle.com, Inc.

Dear Division of Corporations:

In connection with the above corporation, please find enclosed herewith Statement of Change of Registered Office or Registered Agent or Both For Corporation and Amendment to TheInCircle.com, Inc. I would appreciate your filing both. Checks totalling \$70.00 are enclosed to cover the following costs:

Filing Fee for Statement of Change	\$ 35.00
Filing Fee for Amendment	35.00
TOTAL	\$ 70.00

If there are any questions, please advise. Thank you for your cooperation and assistance with this request.

1. W

Sincerely,

Castello

WPC:deh Enclosures w2.2004-66.ss2

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submi	provisions of sections 607.0502, 617.0502, 607.1508, or 617 tted for a corporation organized under the laws of the State of xistered office or registered agent, or both, in the State of Flo	of Florida	atutes, this s	itatement of in order
1. The name of t	the corporation: THEINCIRCLE.COM, INC.	<u></u>	_	
2. The principal	office address: 2964 Aviation Avenue, 2nd F	loor	_	
<u></u> _	Coconut Grove, FL 33133	<u>.</u>		
3. The mailing a	ddress (if different):		-	
4. Date of incorp	poration/qualification: 2/26/04 Document nu	mber: <u>P0400</u>	0041644	 .
	street address of the current registered agent and registered tment of State:	office on file with	the	
	Jorge Brouwer	-	<u> </u>	
	685 Kensington Place		∑.	
	Wilton Manors, FL 33305		LAH.	O4 APR
6. The name and (if changed):	street address of the new registered agent (if changed) and /	or registered offic	ASSEE, F	
	Anthony Manuel Lopez	di mandre e Appele		<u>ب</u> ص
	2901 Florida Avenue, PH#2		ATE IRIDA	8
	(P.O. Box or personal mailbox NOT acceptable)			
	Miami, FL 33133			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
The street addre changed will be	ss of its registered office and the street address of the busi identical.	ness office of its	registered a	igent, as
Such change wa	is authorized by resolution duly adopted by its board of die corporation has been notified in writing of the change.	rectors or by an o	fficer so au	thorized by
	ANTHOI	NY MANUEL LOI (Printed or typed na	PEZ, PRE	SIDENT
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the familiar with and accept the obligation of my position as ly to reflect a change in the registered office address, I he writing of this change.			nance of my document is ation has
In	160-	3/21	1/04	
Anthony Man	Signature of Registered Agent) nuell Lopez half of an entity:	.— (Date	e y	
			_	
	(Typed or Printed Name)	(Canac	rite)	