P04400042073

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer.	<u>-</u> -





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08/09/06 01017--015 **35.00

SECRETARY OF STATE

ACHA REDOFFICH.

COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: Bounce Around Inc., d/b/a Carvi	
(Name of	Corporation)
DOCUMENT NUMBER: P04000042073	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Nicole Dwyer	
(Name of Co	ontact Person)
(Firm/C	Company)
22422 SW 184 Avenue	
(Add	dress)
Miami, FL 33170	
(City/State a	and Zip Code)
For further information concerning this matter, please	call:
Nicole Dwyer	at (305) 234-3141
(Name of Contact Person)	(Area Code & Daytime Telephone Number)

Mailing Address: Amendment Section

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

statement of cha	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Bounce Around Inc.,
2. The principal	office address: 14607 SW 104 Street Miami, FL 33186
3. The mailing a	address (if different): 22422 SW 184 Avenue Miami, FL 33170
4. Date of incorp	poration/qualification: March 8, 2004 Document number: P04000042073
	d street address of the current registered agent and registered office on file with the rtment of State:
	Nicole Dwyer
	14970 SW 157 Court
	Miami, FL 33196
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Nicole Dwyer
	22422 SW 184 Avenue
	(P.O. Box NOT acceptable) Miami, FL 33170
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
/ 1	as authorized by resolution duly adopted by its board of directors or by an officer so he board of the change.
/ MCL (Signatu	Nicole Dwyer - Vice President/Secretary (Printed or typed name and title)
I hereby accept I further agree t of pty duties, an accument is flei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
/ Such	enature of Redustred Agent) 8.4.06 (Date)
	chalf of an entity:
NICOLE	Dwyer Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)