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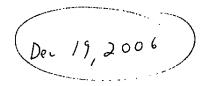
RA. Change

C. Coulliette DEC 2 8 2006

COVER LETTER

TO:

Amendment Section Division of Corporations



SUBJECT: AMERICAN BAG COMPANY

(Name of Corporation)

DOCUMENT NUMBER: P06000076748

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFERSON KNIGHT, ESQ.

(Name of Contact Person)

THE KNIGHT LAW FIRM

(Firm/Company)

999 PONCE DE LEON BLVD - SUITE 510

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFERSON KNIGHT

at (305 -

379-2800

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 statement of change is submitted for a corporation organized under the laws of the State of			
in order to change its registered office or registered agent, or both, in the State of			_
1. The name of the corporation: AMERICAN BAG COMPANY			
2. The principal office address: 6278 North Federal Highway - Suite 308 FT. LAUDERDALE, FL 33308	<u> </u>		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 6/5/06 Document number: P0600	00076748		
5. The name and street address of the current registered agent and registered office on file v Florida Department of State:	vith the		
ELLIOT D. KOSTICK			
7390 NW 5TH STREET			
PLANTATION, FL 33317		2006 (
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	AHASSE Office	006 DEC 22	FILE
JEFFERSON KNIGHT		A	9
999 PONCE DE LEON BLVD - SUITE 510 (P.O. Box NOT acceptable)		9: 03	
CORAL GABLES, FL 33134	_		
The street address of its registered office and the street address of the business office of as changed will be identical.	its register	ed age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so)	
(Signature of an officer or director) EDITH REINER (Printed or typed name at	id title)		_
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 comply duties, and I am familiar with and accept the obligation of my position as registe document is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change.	omplete per red agent. Teby confirm	formai Or, if t 1 that 1	nce his he
(Signature of Registered Agent) (Date)			
If signing on behalf of an entity:			
(Typed or Printed Name)			
* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)