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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** ED DATE: 09/03/04 **REF. #:** 1141.24574 CORP. NAME: PRECISION DELIVERY SYSTEMS, INC. () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION (X)OTHER: CHANGE OF AGENT STATE FEES PREPAID WITH CHECK# 029476FOR \$ 35.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: COST LIMIT: \$__ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

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Examiner's Initials

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() CERTIFICATE OF STATUS

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

		, 607.1508, or 617.1508, Florida Statutes, t	his statement of
-	itted for a corporation organized under the		in order
to change its re	gistered office or registered agent, or both	, in the State of Florida.	
1. The name of	the corporation: PRECISION DELIVERY	SYSTEMS, INC.	<u> </u>
2. The principal	office address: 3455 NW 54TH STREET	, MIAMI FL 33142	
		, car.	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/04/1993	Document number: P93000033041	
	d street address of the current registered agriment of State:	ent and registered office on file with the	. 0
	ROBERT FISCHER	Pi	A *
	3455 NW 54TH STREET	P. P	器 5000
	MIAMI FL 33142		2000年200日
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	STATE STATE
	CORPDIRECT AGENTS, INC.	<u> </u>	
	103 N. MERIDIAN ST.		
	(P.O. Box or personal m	ailbox NOT acceptable)	
	TALLAHASSEE, FL 32301		
The street addrechanged will be	ess of its registered office and the street ϵ identical.	ddress of the business office of its register	red agent, as
Such change w the board, or th	as authorized by resolution duly adopted e comporation has been notified in writing	by its board of directors or by an officer s g of the change.	o authorized by
	I WING	ROBERT FISCHER (Printed or typed name and tr	.CFD
	Signature of an officer or director)	· · · · · · · · · · · · · · · · · · ·	•
being filed mer	the appointment as registered agent and to comply with the provisions of all statum familiar with and accept the obligation ely to reflect a change in the registered of writing of this change.	l agree to act in this capacity, tes relative to the proper and complete pe of my position as registered agent. Or, if ffice address, I hereby confirm that the co	rformance of my this document is rporation has
	Usa	9/3/04	
	(Signature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:	-	
ED B. LARY		ASSISTANT SECRETARY	
	(Typed or Printed Name)	(Capacity)	

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