CAPITOL CORPORATE SERVICES, INC.

P9500093522

November 15, 2000

800903471498---2 ******35.00 ******35.00

FLORIDA DEPARTMENT OF STATE Division of Corporation P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: EASTGATE MANAGEMENT, INC.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 7072 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Case

enclosures

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R.A. Change

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

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607 d corporation organized under the laws of the Sta	7.1508, or 617.1508, Florida Statutes, _{te of} Florida
submits the foll the State of Flo	lowing statement in order to change its registered orida.	d office or registered agent, or both, in
l. The name of	the corporation is: EASTGATE MANAGE	EMENT, INC.
2. The mailing	address of the corporation is:	
3. Date of inco	orporation/qualification: 12-08-95	Document number: P95000093522
	nd address of the current registered agent and offic	ee:
	NRAI Services, Inc.	
	526 East Park Avenue	
5 m	Tallahassee, FL 32301	(P. O. Box Not Acceptable)
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Capitol Corporate Services, Inc.		
	1333 North Duval St.	- ORIFICA
	Tallahassee, FL 32303	
agent, as chan	lress of its registered office and the street address	
Such change vauthorized by	was authorized by resolution duly adopted by its	board of directors or by an officer so
r	re of an officer, chairman or vice chairman of the board)	11-06-2000 (Date)
MOEZ	MANGALJI, VICE PRESIDENT	
(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.		
Del	anu Case (Signature of Registered Agent)	11-9-00 (Date)
If signing on bel		Asst. Sec.
	(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *		