

Document Number Only

P96000044018

SAMF - Inc
P.O. Box - 2153
Arcadia FL 34265

700003440087--2
-10/26/00-01043-004
*****35.00 *****35.00

CORPORATION(S) NAME

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merge
- Mark
- Other
- Change of R.A.
- CUS
- After 4:30
- Pick Up

FILED
00 DEC 11 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

P96000044018
KACR
PO 11/13/00
Dewell



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 27, 2000

SAMF INC.
P.O. BOX 2153
ARCADIA, FL 34265

SUBJECT: SAMF INCORPORATED
Ref. Number: P96000044018

We have received your document for SAMF INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 100A00056087

RECEIVED
00 DEC 11 AM 9:32
DIVISION OF CORPORATIONS

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 Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : SAME, INCORPORATED

2. The mailing address of the corporation : 210 W. Magnolia St
Arcadia, FL 34265 Arcadia FL 34266

3. Date of incorporation/qualification: 7/1/96 Document number: P96000044018

4. The name and address of the current registered agent and registered office:
NONE

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Felix Roque
210 W. MAGNOLIA ST
Arcadia, FL 34265

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X [Signature] (Signature of an officer, chairman or vice chairman of the board) 10/20/00 (Date)

Felix Roque 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.

X [Signature] (Signature of Registered Agent) 10/20/00 (Date)

If signing on behalf of an entity:
Felix Roque
(Typed or Printed Name) (Capacity)

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