P960000051878

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Counter dorument by Heleph m can The 12/20/00							

Office Use Only



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TALLAHASSEE, FLORIC



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Serven (I) C Name of Corporation
Name of Corporation
DOCUMENT NUMBER: P9600051878
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:
PETER MILTON
- Name of Contact Person
SERWADATCM INC Firm/Company
6402 NW Sth WAY Address
FT. LAUDERDAUE FL 33309. City/State and Zip Code PMilton @ Servoward. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (954) 772 0532.

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

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

statement of ch	provisions of sections ange is submitted for a er to change its regista	a corporation o	rganized una	der the lav	vs of the Stat	e of FLORI		
	the corporation:	20				-		
2. The principal	l office address: 64	02 NW	SH W	ŀΥ	<u>. </u>			
3. The mailing a	address (if different):_	_,						
4. Date of incor	poration/qualification	June 18	996. Do	ocument r	number: PC	96000051	878	
	d street address of the rtment of State: (If res	-	_	registere	d office on f	ile with the		
	R	esu ped	•					
								
6. The name and (if changed):	d street address of the	U: 1+n.	5	-		ed office	ODEC	
	6402 NW	5th UAY	x NOT acceptable	e		ASSEE.	20 至	**************************************
		DALE F					9:38 9:38	أشيوب
The street address changed will	ess of its registered of be identical.	ffice and the st	reet address	of the bu	siness office	of its registe	ed agent,	
Such change wa authorized by the	as authorized by reso he board, or the corpo	lution duly add oration has bee	opted by its to n notified in	ooard of o	directors or lof the chang	by an officer s	50	
A January	e of an officer or director		PE	TER.	Muton ed or typed name	and title	>	
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as r to comply with the pr of I am familiar with ing filed merely to rej then notified in writ	egistered ager ovisions of all and accept the lect a change i ing of this cha	nt and agree statutes rela obligation d in the registe nge.	to act in ative to th of my pos ered office	this capacity e proper an ition as regi e address, I	y, d complete pe stered agent. hereby confir	erformance Or, if this m that the	
				1	2/17/20	010		
Sig	nature of Registered Agent				Date			
If signing on be	chalf of an entity:							
	LLTON.							
· T	yped or Printed Name							

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