20/0/10/ P.O. Box 012949 Miami, FL 33101 City/State/Zip Phone

	Office Use Only	
CORPORATION NAME(S) & DOCUM	TENT NUMBER(S), (if	known): 2000034690329 -11/17/0001081004 ******35.00_******35.00
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☐ Walk in ☐ Pick up time		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R Change of Regis Dissolution/With Merger	tered Agent
OTHER FILINGS	REGISTRATION/C	<u>OUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	F BROWN NOV 2 9 2000 Examiner's Initials
		Examiner's Initials

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
A. The hame of the corporation.
2. The mailing address of the corporation: 100 S. BACAGUE XIVD Suste 1100, MMMi H. 33131
3. Date of incorporation/qualification: 12-4-1998 Document number: FC P98000101101
4. The name and address of the current registered agent and office:
Mirmi Center 201 S. BISCAQUE BINDERS SOLVER MIRMINI 96. 33131
Mitmi (cuter 20/ S. BISCAPURE BINDER) Mitmi H. 33/3/
5. The name and address of the new registered agent (if changed) and/or registered office (if changed); (P. O. Box Not Acceptable)
100 S. BISCAME BUD Suite 1/00 9
MIAMI, 71. 33/3/.
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. (Signature of an officer, chairman or vice chairman of the board) (Date)
Where fully (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.
(Signature of Registered Agent) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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