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LAW OFFICES

Case & Muffler

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

SUITE 102

2810 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306

JAMES L. CASE*
STEPHEN C. MUFFLER, LL.M.
*ALSO MEMBER MICHIGAN BAR

(954) 563-1000
FAX (954) 565-2047
WEB SITE: www.floridaclosings.com

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: ABZ VENTURES, INC.

Dear Sir:

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend your records at your earliest opportunity to reflect the change.

Very truly yours,

Karen Block
KAREN BLOCK,
Legal Assistant

KB
Encl.
99-109-269

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter No: P99000064773

Date Filed: July 21, 1999

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.0501 and 607.0502, Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent, in the State of Florida.

1. The name of the corporation is ABZ VENTURES, INC..
2. The name and address of its present registered agent is:
Filings, Inc.
3732 N.W. 16th Street
Fort Lauderdale, Florida
3. The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)
SIDNEY SCHREIBSTEIN
1833 Southwest 31st Avenue
Pembroke Park, Florida 33009
4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature: *Sidney Schreiber*
Sidney Schreiber, President

Date: 8/10/99

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: SIDNEY SCHREIBSTEIN

Signature: *Sidney Schreiber*
(Agent)

Dated: 8/10/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA