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SECRETARY OF STATE.

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TRANSMITTAL LETTER

SUBJECT: FAB MARKETING LLC			
(Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
C. ROSS JACOBS (Name of Person)			
FAB MARKETINGLLC (Firm/Company)			
(Firm/Company)			
4300 N. OCEAN BLVD, 14-E (Address)			
····			
FT. LAUDERDALE FL. 33308 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Day to care and the state of			
(Name of Person) at (954) 561-4342 (Area Code & Daytime Telephone Number)			
C, ROSS JACOBS at (954) 561-424 ST ST (Area Code & Daytime Telephone Number) ST			
Enclosed is a check for the following amount:			
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy Certified			
(additional copy is enclosed)			

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is:

[f.a.b. marketing llc]

1. The name of the limited liability company is: T.a.b. marketing itc

2. The mailing address of the limited liability company is: 4300 N ocean blvd. 14-e

Ft. Lauderdale Fl. 33308

01-13-03

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name
po box 16598

Address
Ft. Lauderdale Fl. 33318

City, State and Zip

6. The name and address of the new registered agent and/or office:

C. Ross Jacobs

4300 N ocean blvd 14-E

Florida street address (P.O. Box NOT acceptable)

Ft. Lauderdale FL 33308

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida similar liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

C. Roys Jacobel SR-MEMBER
(Signature of a member or authorized representative of a member)

C.ROSS JACOBS

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)