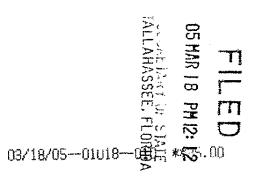
364927

(Requestor's Name)				
(Address)				
(Address)				
_				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Endly Name)				
(Document Number)				
(Constitution)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100048414401



aj RA

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJE	CCT: Address Change August Manor Inc. (Name of corporation)			
DOCU	MENT NUMBER:			
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Bruce August (Name of contact person)			
August Manor Inc. (Firm/Company)				
4000 Towerside Terr. TS-12 (Address)				
Miami, FL. 33138 (City/state and zip code)				
For fur	ther information concerning this matter, please call:			
Bruce	August or e-mail bruceaugust@bellsouth.net at (305) 542-8883 (Name of contact person) (Area code & daytime telephone number)			
Enclos	ed 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 409 E. Gaines Street Tallahassee, FL 32399			

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

statement of cha	provisions of sections 607.0302, 617.0302, inge is submitted for a corporation organiz r to change its registered office or register	
	he corporation: August Manor, inc.	ed agent, or bont, in the state of Florida.
	office address: 4000 Towerside Terr. TS-	-12
2. The principal	Miami, FL. 33138	
3. The mailing a	ddress (if different): N/A	
4. Date of incorp	poration/qualification: 6-2-70	Document number: 364927
	street address of the current registered age tment of State:	ent and registered office on file with the
	Bruce August	
	11601 Biscayne Blvd. Suite # 200C	
	Miami, FL. 33181	TO S
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office REE. FLO
	Bruce August	FL'S
	4000 Towerside Terr. TS-12	12
	(P.O. Box NOT acceptable)	\triangleright
	Miami, FL. 33138	
The street address changed will	ess of its registered office and the street as be identical.	ddress of the business office of its registered agent,
Such change wa authorized by the	is authorized by resolution duly adopted to board or the corporation has been noti	by its board of directors or by an officer so ified in writing of the change.
Say Signatu	re of an office of director) prog.	Bruce Agust, pres. (Printed or typed name and fitte)
I hereby accept I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statut	l agree to act in this capacity. tes relative to the proper and complete performance cation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Line	i (Sugar)	3-15-04
(Sig	mature of Registersa Agent)	(Date)
Bruc	half of an entity:	

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