

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tonisab, Inc

475986

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-12/12/01--01036--018
1085.00 **35.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

File 2nd

C. Goulliette DEC 12 2001

Signature _____

Requested by: *WL*

Name _____

Date *12/12*

Time *11:00*

Walk-In _____

Will Pick Up _____

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2001 DEC 12 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ ☒ RA *Change* _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**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 FLORIDA 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 corporation : TONISAB, INC.

2. The mailing address of the corporation : c/o GOLDEN AND COWAN, P.A.

900 SW 2nd Avenue, Miami, FL 33130

3. Date of incorporation/qualification: 5/6/75 Document number: 475986

4. The name and address of the current registered agent and office:

Tony Saborido (deceased)

8253 SW 40th Street

Miami, FL 33155

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

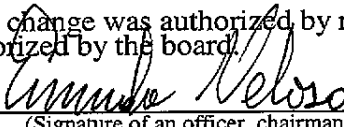
c/o Paul M. Cowan, Esq., Golden & Cowan, P.A.

900 SW 2nd Avenue

Miami, FL 33130

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)

12/6/01

(Date)

ERMINDA VELOSO

(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)

Dec 6, 2001
(Date)

If signing on behalf of an entity:

PAUL M. COWAN, ESQ.

(Typed or Printed Name)

Res. Agent

(Capacity)

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