528019

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

MATTER IN (Name of corporation) SUBJECT -8019 52 **DOCUMENT NUMBER:**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

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Please return all correspondence concerning this matter to the following:

Name of person) ame of firm/company) TER INC GW 32 (Address) 33

(City/state and zip code) For further information concerning this matter, please call:

at (<u>305</u>) <u>661 - 1949</u> (Area code & daytime telephone number) S FOU (Name of perso

Enclosed 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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of

+40 KIDA_ in order to change its registered office or registered agent, or both, in the State

of Florida. 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: 2 Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: #108 6. The name and street address of the new registered agent (if changed) and /or registered office if changed): ersonal mailbox NOT acce M 55 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 or the corporation has been notified in writing of the change. HOWL £

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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