647591

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

Office Use Only



000023777600

10/21/03--01016--003 **35.00

03 OCT 21 PM 2: 58

Ps 10/23/03

TRANSMITTAL LETTER

SUBJECT: Askin Company Control Composition (Name of corporation) DOCUMENT NUMBER: 64759! The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Concerning this matter to the following: Change of person	TO: Amendment Section Division of Corporations
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name (of person) (Name (of person) Alexand (Name of firm/company) Alexand (Address) Alexand (Address) (City/state and zip code)	(Name of corporation)
Please return all correspondence concerning this matter to the following: (Name (of person) (Name of firm/company) 2100 Catal May Juste 300 (Address) (City/state and zip code)	DOCUMENT NUMBER: 647 591
(Name (of person) HEA July (Name of firm/company) 2100 Caral (Nay Julta 300) (Address) Arian Plant (City/state and zip code)	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
(Name of firm/company) 2100 Caral Way Juste 300 (Address) (City/state and zip code)	Please return all correspondence concerning this matter to the following:
(Name of firm/company) 2100 Caral Way Juste 300 (Address) (City/state and zip code)	Marie Eleca Phano
2100 Carol May Juste 300 (Address) Risin 9 331\$45 (City/state and zip code)	(Name (of person)
2100 Carol May Juste 300 (Address) Risin 9 331\$45 (City/state and zip code)	META ne
Ricin (City/state and zip code) (City/state and zip code)	2100 Caral Way Lute 300
	Riein PC 331345
	•
(Name of person) at (Area code & daytime telephone number)	Nevia 6. Tarn at (308) 987- 3575

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 prov	visions of sections	s 607.0502, 617.05	502, 607.1508, or 6	517.1508, Florida	Statutes,
this statement of char		•	~		
of Florida.	_ in order to char	ige iis regisierea o	ffice or registered	ageni, or boin, in i	ne siale
1. The name of the co	orporation: λ	aria El	era Toras	no accor	vates la
2. The principal offic	•	2100	rao, asa	y - Suit	300
z. 110 principal offic	71.	ni De	33,4	FS	<u>ධ</u>
		1.		3	
3. The mailing addres	ss (if different):	- Jan	me		-
		1.7		775	2
4. Date of incorporati	ion/qualification: _	12/07/79	Document nu	mber: 6 4 (5.7/
5. The name and stree	et address of the c	urrent registered ag	gent and registered of	office on file with	he &
Florida Departmen	of State:	Evall	R : A) = (- h.
	Trucal	10 de	, person	, malle	0 + Viscens
Market Street	400 =	Ingrata	m /3ld	%	1 700
<u></u>	25 8	E Sad C	enenue, (Keanin,	X 33131
6. The name and stre	eet address of the	e new registered a	gent (if changed) a	nd /or registered o	office (if
changed):	$\mathcal{D}_{\mathbf{A}}$	You	a) Tora	سم م	
	2.0	and year	7.	<u></u>	
	210 (P.O.)	Box or personal mailbox No	Ol' acceptable)	Jute 300)
		Mari	R / 33	5145	
The street address of agent, as changed wi	its registered offi Il be identical.	ice and the street a	ddress of the busin	ess office of its reg	gistered
Such change was aut authorized by the boa	horized by resolu	tion duly adopted	by its board of dire	ctors or by an offic	er so
authorized by the box	and the chipora	ation has been non	HARA E	LENIA TORA	and the same
(Signature 41 of officer, chairm	1	•	(Printed or typed nar	me and title)	<u></u>
I hereby accept the a I further agree to co	mply with the prov	visions of all status	tes relative to the n	roper and complet	'e
performanes of my d registered agent. Or office oddress, I here	unes, and I am Ja , if this d d cument	miliar with and ac is being filed mer	cept the obligation ely to reflect a char	oj my position as nge in the registere	ed .
office agaress, I nere	roy conjum that the	ne corporation nas	been notified in w		_
Signature	of Registered Agent)	Zew	(Date)	n all, a	<u>し</u> る
If signing on behalf of an	entity:	1			
MARIA (Typed or	E. IOR	ANO	RASI 7	DENT	
\., poc o.	··		(aspect	-21	

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