CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

852379

FILING COVER SHEET	
ACCT. #FCA-14	

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CONTACT:	Ed LARY			- From 3
DATE:	9/20/02			- Control of the Cont
REF. #:	0150.9451		1.	→
CORP. NAME:	Zell Om,	INC. 85.	2379	
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STATE FEES PR	REPAID WITH (CHECK#_503214	FOR \$ _35.60	
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		COST	LIMIT: \$	
PLEASE RETUR	en:			
() CERTIFIED COPY () CERTIFICATE OF		FICATE OF GOOD STANDING	G PLAIN STA	MPED COPY
Examiner's Initials	i.		C. Coulliette SE	2 0 2002

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
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: Zell One Inc.
AF FF
2. The mailing address of the corporation: C/O Paul Berkowitz
1221 Brickell Ave., #1200, Miami, FL 33131
3. Date of incorporation/qualification: 03/26/1982 Document number: 852379
4. The name and address of the current registered agent and office:
The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
CorpDirect Agents, Inc.
103 N. Meridian Street
Tallahassee, FL 32301
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.
9/15/62
(Signature of an officet chairman or vice chairman of the board) (Date)
PAUL Berkowitz Secretary
(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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS