

Low Office  
**CINDY S. VOVA, P.A.**

101 SOUTHEAST 10th STREET  
FORT LAUDERDALE, FLORIDA 33316

TELEPHONE  
(954) 463-2766  
FACSIMILE  
(954) 761-1524

CINDY S. VOVA  
ADMITTED:  
FLORIDA & GEORGIA

A01000000051  
February 17, 2001

Florida Department of State  
Department of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Change of Address**  
**Vova Group, Limited**  
**Document Number: A01000000051**

Dear Sir or Madam:

Please change the address for the above-referenced Limited Partnership from 517 S.W. 1<sup>st</sup> Avenue, Ft. Lauderdale, FL 33301 to:

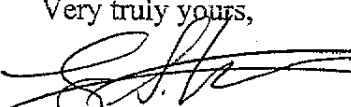
Vova Group Limited  
c/o Cindy S. Vova  
101 S.E. 10<sup>th</sup> Street  
Ft. Lauderdale, FL 33316

600003853156--6  
-03/15/01--01006--017  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

In addition, please change the address of the registered agent to Cindy S. Vova, Esq., 101 S.E. 10<sup>th</sup> Street, Ft. Lauderdale, FL 33316.

I thank you for your attention to this matter. ✓

Very truly yours,

  
VOVA GROUP, INC.  
General Partner  
by Cindy S. Vova, President and Registered Agent

Name	
Availability	
Do not	
Exs	
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GSV/pl	
encltyer	
Acknowledgement	
P. Verifier	

FF \$35.00

A01-51

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAR 13 AM 9:08

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF BROWARD

Before me the undersigned personally appeared, CINDY S. VOVA, President of Vova Group, Inc., the General Partner of Vova Group Limited, and Registered Agent of Vova Group Limited who is personally known to me and being by me first duly sworn, deposes and says that she executed the foregoing and that the statements contained therein are true and correct to the best of her information and belief.

WITNESS my hand and official seal in the County and State last aforesaid, this 27<sup>th</sup> day of February 2001.

  
NOTARY PUBLIC

  
PRINT NOTARY SIGNATURE

My commission expires:





FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 2, 2001

CINDY S. NOVA, ESQUIRE  
101 SE 10TH ST.  
FT. LAUDERDALE, FL 33316

SUBJECT: VOVA GROUP, LTD.  
Ref. Number: A01000000051

We have received your document for VOVA GROUP, LTD.. However, the document has not been filed and is being returned for the following:

We have amended our records to reflect the new principal office/mailing address for this limited partnership. However, to amend the registered office address, you must complete and submit the enclosed form with a check made payable to the Florida Department of State for \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6911.

Brenda Tadlock  
Sr. Corporate Section Administrator

Letter Number: 201A00013085

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership 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. VOVA Group, LTD.  
Name of the limited partnership

2. 1/10/01 3. A01000000051  
Date of filing/registration in Florida Document number assigned

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

CINDY S. VOVA  
517 SW 1st Avenue  
Ft. Lauderdale, FL 33301

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

CINDY S. VOVA  
101 S.E. 10th Street  
Ft. Lauderdale, FL 33316

Such change was authorized by the general partners.

[Signature] President Vova Group, Inc. 3/08/01  
Signature of General Partner G.P. Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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] 3/08/01  
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314