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COVER LETTER

TO: Amendment Section
Division of Corporations

1/19/05

SUBJECT: SEE ATTACHED LIST
(Name of corporation)

DOCUMENT NUMBER: _____

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:

JOANN ABRAMOWITZ
(Name of contact person)

JAMES A HARTMAN, P.A.
(Firm/Company)

P.O. Box 940928
(Address)

MAITLAND FL 32754-0929
(City/state and zip code)

For further information concerning this matter, please call:

JOANN ABRAMOWITZ at (352) 326-5818
(Name of contact person) (Area code & daytime telephone number)

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

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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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- JAMES A. HARTMAN
9439 FOREST CITY ROAD
ALTAMONTE SPRINGS FL 32714

- JAMES A. HARTMAN
9435 SILVER LAKE DRIVE
(P.O. Box NOT acceptable)
LEESBURG FL 34788

(Signature of an officer or director) _____ James A. Hartman, G.P.
(Printed or typed name and title)

(Signature of Registered Agent)

(Date)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA