

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 AUG 21 PM 4:28

Office Use Only

\*\*\*35.00      \*\*\*35.00

CR2E031(7/97)

**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 NEW YORK 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 :

TIM RICH ENTERPRISES INC.

2. The mailing address of the corporation :

3200 PORT ROYALE DR. N. APT 801, FORT LAUDERDALE FL 33308

3. Date of incorporation/qualification: 11/23/73 Document number: FO1000005673

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

ESC  
1201 HAYS ST.  
TALLAHASSEE FL 32301

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

JAMES SUDZYO  
3200 PORT ROYALE DR. N. APT 801  
FORT LAUDERDALE FL 33308

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.

James Sudzjo  
(Signature of an officer, chairman or vice chairman of the board)

8/17/02  
(Date)

JAMES SUDZYO PRES.  
(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.

James Sudzjo  
(Signature of Registered Agent)

8/17/02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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