## F0200001009

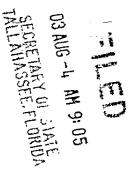
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300021859133

08/04/03--01035--017 \*\*35.00





## TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Special Ops, Inc.	(Name of corporation)		VII., 15
DOCUMENT NUMBER: F020000	001009		- - Marking
The enclosed Statement of Change of	Registered Office/Agent and fee a	re submitted for filing.	
Please return all correspondence cond	cerning this matter to the following:	:	
Anne Griqorakos (Name of person	<u>n)</u>		
Corporation Service Company (Name of firm/comp	pany)		<del></del> –
1177 Avenue of the Americas, 3 (Address)	17th Floor		
New York, NY 10036 (City/state and zip c	ode)		
For further information concerning th	is matter, please call:		
Anne Grigorakos (Name of person)	at ( 212 ) 299-9100 (Area code & daytime to	Ext. 4706 elephone number)	, 45
Enclosed is a \$35.00 check made pay	able 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	· • · · · · · · · · · · · · · · · · · ·	

TO: Amendment Section

## -STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
this statement	t of change is submitted for a corporation organized under the laws of the State of	
MD	in order to change its registered office or registered agent, or both, in the State	
of Florida.		
1. The name o	of the corporation: SPECIAL OPS, INC.	-
2. The princip	pal office address: 6336 Sun High Place	
	Columbia, MD 21045	
3. The mailing	ng address (if different):	
4. Date of inco	corporation/qualification: 2/26/2002 Document number: F0200Ferro09CD	
	and street address of the current registered agent and registered office on file with the epartment of State:	, r
	Renee T. Gileua	
	416 S.E. 15 Street	
	Fort Lauderdale, FL 33316	
6. The name changed):	and street address of the new registered agent (if changed) and /or registered office (if	٠
	Corporation Service Company	
	1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)	
	Tallahassee, FL 32301	
agent, as offar	dress of its registered office and the street address of the business office of its registered inged will be identical.	
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	0.P. ()
	theor, their than or vice chairman of the board)  SEPHEN SMOVS CHAIRMAN OF THE SOME STATE SOME AND THE SOME STATE SOME AND THE SOME STATE SOME AND THE SOME STATE SOM	,,
I hereby acce I further agre performance registered ag office address	ept the appointment as registered agent and agree to act in this capacity. see to comply with the provisions of all statutes relative to the proper and complete so f my duties, and I am familiar with and accept the obligation of my position as gent. Or, if this document is being filed merely to reflect a change in the registered ss, I hereby confirm that the corporation has been notified in writing of this change.	
<u>φ-</u> -η	(Signature of Registered Agent) (Date)	
	ehalf of an entity:	
John	A H. Pelletier Asst. VP (Typed or Printed Name) (Capacity)	

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