F02000003370

Florida Department of State

Division of Corporations

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To:
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     Fax Number        : (850)205-0380

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     Account Name      : C T CORPORATION SYSTEM
     Account Number    : FCA000000023
     Phone             : (850)222-1092
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CHERRINGTON BEACHCLEANERS INC.

Certificate of Status	0
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RA/RO change
10 2/10/05

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, this statement of change is submitted for a corporation organized under the laws of the State of ND *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Harley Enterprises Inc dba Cherrington Beach Cleaners Inc.
2. The principal office address: 1805 2nd Ave SW, Jamestown ND 58401
3. The mailing address (if different): PO Box 2135, Jamestown ND 58402-2135
4. Date of incorporation/qualification: 07/01/02 Document number: F02 000003370
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

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

CT Corporation System
1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation FL 33324

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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, or the corporation has been notified in writing of the change.

Kim Lunde
(Signature of an officer or director)

Kim Lunde VP Finance
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

2/4/05
(Date)

If signing on behalf of an entity:

Michele Miller
(Typed or Printed Name)

Michele Miller
Assistant Secretary

*** FILING FEE: $35.00 ***

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