

F03000002989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

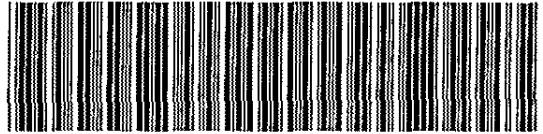
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Called 4/9 - need to correct  
current RAP  
CRB 4/9*

*4/12 Peter Jensen called - ok  
to correct document*

Office Use Only



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04/05/04--01033--009 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR -5 AM 11:05

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*RA chg  
CRB  
4/13*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** StratPro Limited  
(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:

Peter Jensen  
(Name of person)

StratPro Limited  
(Name of firm/company)

500 Fifth Ave., Suite 1550  
(Address)

New York, NY 10804  
(City/state and zip code)

For further information concerning this matter, please call:

Asker Moukhidinov at ( 917 ) 365-7574  
(Name of 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

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

1. The name of the corporation: StratPro Limited Corporation
2. The principal office address: 500 Fifth Avenue, Suite 1550, New York, NY 10110
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 2003 Document number: \_\_\_\_\_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Peter Jensen

790 S Park Rd., Suite 6-23

Hollywood, FL 33021

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

C T Corporation Systems

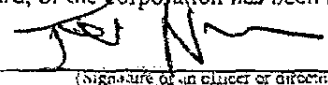
c/o C T Corporation Systems

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Rd., Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

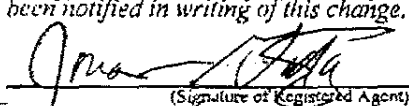
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Peter Jensen

(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)

2/13/04  
(Date)

If signing on behalf of an entity:

**Jonathan R. Giddings**  
Assistant Secretary

**Jonathan R. Giddings**  
Assistant Secretary

(Typed or Printed Name)

(Capacity)

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

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