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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: HODGSON RUSS LLP

Account Number : 072720000242

Phone

(561)394-0500

Fax Number

: (561)394-3862

REGISTERED AGENT CHANGE

GASTOPS INC.

Certificate of Status	0
Certified Cory	1
Page Count	02
Estimated Charge	\$87.50

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Corporate Filing

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6/23/2004

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

change is subm	t provisions of sections 607.3502, 617.0502, 6t utited for a corporation organized under the la Egistered office or registered agent, or both, in	ws of the State of Delaware		i of order
1. The name of	the corporation: Gastops Inc.			
2. The principa	l office address: c/o Gastors Ltd., 1011 Poly	tek Street, Ortawa, Ortario K1J 9J3 Cana	108	
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: June 15, 2004	Document number: F04000003370		
5. The name an Florida Depa	d street address of the current registered agent riment of Sister	and registered office on file with the		
	CT Corporation System			
	1200 South Pine Island Road			Ó
	Plantation, FL 33324 (Broward Co.)			<u>_</u>
6. The name and street address of the new registered agent (if changed) and for registered off (if changed): HRAWG Corp.		changed) and for registered office	DAETARY OF ST	N 23 PM 4
	1801 N. Military Trail, Ste. 200		ATE ORNO	57
	(P.O. lox or personal mailtee	t NOT acceptable)	- ⊅•	
	Boca Raton, Fl. 33431			
The street addressed will be	ess of its registered office as d the street address identical.	ess of the business office of its registered	agent, as	
Such change wi	as authorized by resolution (laby adopted by e corporation has been notified in writing of	its board of directors or by an officer so a the change.	uthorized	by
_BD	Supplied of an officer of superior	Bernard MacIsaac, Sole Director		
I hareby accept I further ogree duties filed mer being filed mer been hotified in	the appointment as registered agent and age to comply with the provisions of all statutes in a familiar with and accept the obligation of a cly to reflect a change in the registered office writing of this change.		rmance of S docume tration ha	ny nt is s
Jan	1 Corme	June 23, 2004		
	(Signature of Registered Agont)	(Date)		•
If signing on he	half of an entity;			
Larry Cor		President		
4	(Typed or Printed Name)	(Capacity)		

* * * FILING FEE: \$35.68 * * *

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