F0500001587

	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

500059985345

10/03/05--01046--002 **35.00

FILED 05 OCT -3 PH 4: 26 SECRE IARY OF STATE FALLAHASSEE, FLORIDA

Office Use Only

R.A. change

T BROWN OCT 1 2 2005

COVER LETTER



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:



For further information concerning this matter, please call:

<u>959</u> <u>382 - 6393</u> Area Code & Daytime Telephone Number) (Name of Contact Person) at (

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

1. The name of the corporation:
2. The principal office address: 9941 NW 6.th Ct
Plantation FL 3332
3. The mailing address (if different):
Juvia
4. Date of incorporation/qualification: 3/14/05 Document number: FUSU0001/587
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Frank [4550n]

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

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.

fre sident GSSTM or director)

I hereby accept the appointment as registered agent and agree to act in this capacity. If urther 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.

ignature of Registered Agent) (Date) fsigni on behalf of an entity: (955 m (Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)