

Jun-10-08 03:44pm

From: THE WILLIAMS LAW FIRM PA

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F05000004773

Florida Department of State
Division of Corporations
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Division of Corporations

Fax Number : (850) 617-6380

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

Phone : (302) 575-0875

Fax Number : (302) 575-0925

REGISTERED AGENT CHANGE

TECHLINKS INDUSTRIES INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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6/10/08

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TECHLINKS INDUSTRIES INC.
2. The principal office address: 18620 Pines Boulevard, 217 Space 11, Pembroke Pines, FL 33029
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/15/2005 Document number: F05000004773
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

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

Agents and Corporations, Inc.

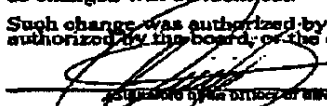
300 Fifth Avenue South, Suite 101-330

(P.O. Box, NOT acceptable)

Naples, FL 34102

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

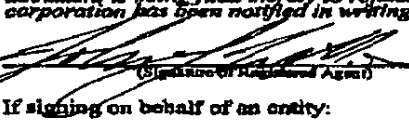
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of President or Officer)

Ivanildo DaSilva, President

(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)

6/10/08
(Date)

If signing on behalf of an entity:

John L. Williams, Vice President

(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

CR2B045 (8/05)

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