F07000001111

(Re	equestor's Name)	
(Ad	ldress)	
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NIMHAM FEALTY COPPOSATION (Name of Corporation)
DOCUMENT NUMBER: LOS 00000 90344
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:
Todd Newmar (Name of Contact Person)
Todd Newman CPA (Firm/Company)
Pobox 300 (Address)
CAMEI NY 105 12 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (845) 276 2070 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 1000 Hours of the State of 1000 Hours of the State of Florida.
1. The name of the corporation: Mmham realty Corporation
2. The principal office address: 356 Nimham COAD
CAMEL NY 10512
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/3/00 Document number: F07000001111
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Blumbers excelsion corporate services. Inc
4435 OID WINTER GARden 1D Tio
Orlando FL 32811
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael CobilollA Time
1610 South Oranke blassom Trail BA 5
1610 South Orante blassom Trail (PO. Box NOT acceptable) Orlando FL 32805
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.
Topp Newman V.P. (Signature of an officer or director) (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) (Date)
If signing on behalf of an entity:
(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)