(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
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COVER LETTER

TO: Amendment S Division of Co	Section orporations						
SUBJECT:	West-Hem Aircra	ft Supplies, Inc.	_				
	14amo or	Corporation					
DOCUMENT NUMI	BER:	F92820					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all corre	spondence concerning this matt	ter to the following:					
	Bonnie	L. Cohen					
		Contact Person					
		craft Supplies, Inc.					
	Firm/C	Company					
	7000 5						
		trella Circle Idress	_				
	Boca Raton Fl	orida 33433-1647					
	City/State	and Zip Code	_				
	DI 0750 G	AOL 00H					
	BLC/53@ mail address: (to be used for	AOL.COM future annual report notification	<u>n)</u>				
2		- Lucia di Mana Pepart II di Mana Peranta di M	··· <i>)</i>				
For further information	n concerning this matter, please	e call:					
Boi	nnie L. Cohen	at (954) 2	14-8274				
Name	of Contact Person	at (954) 2 Area Code & Daytime Tel	ephone Number				
Enclosed is a \$35.00 c	heck made payable to the Depa	artment of State.					
	Mailing Address: Amendment Section	Street Address:					
		Amendment Section	iona				
	Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	HOHS				
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle				

Tallahassee, FL 32301

TO:

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

statement of ch	ange is submitted for a c	corporati	on organize	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	e of Florida
	the corporation: Wes			· ·	
2. The principal	l office address: 508 S	. Militar	y Trail D	eerfield Beach, Florida	33422
3. The mailing	address (if different): 7	690 Est	rella Circ	le Boca Raton, Florida	33433-1647
4. Date of incor	poration/qualification: _	8/02	1982	Document number:	F92820
	d street address of the curtment of State: (If resign			nt and registered office on fil	e with the
	Samuel R. Mazer				
	3000 Le Bateau [Orive			
	Palm Beach Gard	lens, Fi	. 33410		
6. The name and (if changed):		ew registe	ered agent (if changed) and /or registered	<u>.</u> <u>9</u>
	Bonnie L. Cohen				SECRETION OF SECRET
	7690 Estrella Circ				-2 OF CR
	Boca Raton, Fl. 3		O. Box NOT ac	ceptable	PH
The street addr			ne street ad	dress of the business office	
Such change wauthorized by t	as authorized by resolute he board, or the corpor	ition duly ation has	adopted been notif	y its board of directors or b ied in writing of the change	y an officer so
Bonin	L. Cohen ire of an officer or director	_	ctor.	Bonnie L. (Cohen
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as re to comply with the pro nd I am familiar with a ing filed merely to refle s been notified in writi	gistered o visions of nd accept ect a chai ng of this	agent and a f all statute t the obliga age in the r change.	agree to act in this capacity is relative to the proper and ation of my position as regis registered office address, I h	complete performance stered agent. Or, if this hereby confirm that the
Berni Sig	e L. Cohen gnature of Registered Agent	<i>,</i>	 .	4/30/1: Date	2
If signing on be	ehalf of an entity:				
	Bonnie L. Cohen		_		
Т	vped or Printed Name				

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