F94000003141

Requester's Name

OPERATING TAX SPECIALISTS, INC.

100006399391--5 -07/15/02--01030--009 *****35.00 *****35.00

Office Use Only

| CORPORATION NAME(S) | & DOCUMENT NUMBER(S), | , (if known |): |
|---------------------|-----------------------|-------------|----|
|---------------------|-----------------------|-------------|----|

| 1 | | |
|----|---|--|
| ۱, | (Corporation Name) | (Document #) |
| 2. | (Corporation Name) | (Document #) |
| 3. | (Corporation Name) | (Document #) |
| 4. | (Corporation Name) | (Document #) |
| | ☐ Walk in ☐ Pick up time _ | Certified Copy |
| | ☐ Mail out ☐ Will wait | Photocopy Certificate of Status |
| | NEW FILINGS | <u>AMENDMENTS</u> |
| | ☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Resignation of R.A., Officer/Director New York Amendment Resignation of R.A., Officer/Director Resignation of R.A., Officer/Director New York Amendment Resignation of R.A., Officer/Director New York Amendment Resignation of R.A., Officer/Director New York Amendment Resignation of Resi |
| | OTHER FILINGS | REGISTRATION/QUALIFICATION STORES |
| | Annual Report Fictitious Name | Foreign Limited Partnership Reinstatement Trademark Other |
| | | KHINDONICATOR |

CR2E031(7/97)

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, |
|---|
| the undersigned corporation organized under the laws of the State of Ceora (1) A |
| submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Spensting The Spenilists, Inc. |
| |
| 2. The mailing address of the corporation: 1040-C Cambriose SQUANC |
| ALGIAN RETTA GEONGÍA 30004 |
| 3. Date of incorporation/qualification: 5-9/90 Document number: F940000314/ |
| 4. The name and address of the current registered agent and office: |
| CT COMPONATION System |
| 1200 South Pine Island Mono |
| PLANTATION, PLA, 33334 |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable) |
| MR. AL UNITES |
| 1601 N. Palm Ave, Suite 205 |
| Pembroke Pines, FLA. 33026 |
| 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. |
| auditorized by the board. |
| (Signature of an officer, chairman or vice chairman of the board) (Date) |
| AL UNITES |
| (Printed or typed name and title) |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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 a registered agent. |
| 2-12-02 |
| (Signature of Registered Agent) (Date) |
| f signing on behalf of an entity: |
| (Typed or Printed Name) (Capacity) |
| Conpunity) ART F |
| * * * FILING FEE: \$35.00 * * * \(\sum_{\text{SS}} \) \(\sum_{\text |

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

5 AM11: 87 OF STA