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## **COVER LETTER**

TO: Amenda Division	ment Section n of Corporations		
SUBJECT: M	UNICO, INC. (Name of Corp.)	poration)	
DOCUMENT	NUMBER: F96000002106		
The enclosed St	tatement of Change of Registered Office/A	Agent and fee are submitted for filing.	
Please return al	l correspondence concerning this matter to	the following:	
	Linda S. Rudy (Name of Conta	act Person)	
(Firm/Company)			
1665 PALM BEACH LAKES BLVD., Ste 730 (Address)			
WEST PALM BEACH FL 33401 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Linda S. Ru	dy (Name of Contact Person)	at ( 561 ) 682-0877 (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, 617.0 statement of change is submitted for a corporation or in order to change its registered office or reg	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of DELAWARE gistered agent, or both, in the State of Florida.
1. The name of the corporation: MUNICO, INC.	
2. The principal office address: 1665 PALM BEAC	CH LAKES BLVD., Ste 730
WEST PALM BI	EACH FL 33401
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/26/1996	Document number: F9600002106
5. The name and street address of the current registere Florida Department of State:	
CT CORPORATION	08 IV
1200 S PINE ISLAND R	OB AUG -4
PLANTATION FL 33324	
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office
JAMES P. PAUL, ESQ.	
3030 Rosewood Court	
(P.O. Box NOT acception of the property of the	ptable)
The street address of its registered office and the stas changed will be identical.	treet address of the business office of its registered agent,
Such change was authorized by resolution duly adauthorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
(Signature of an officer or director)	LINDA S. RUDY V P (Printed or typed name and title)
I hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect o change corporation has been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
(Signature of Registered Agent)	8/1/200 <b>e</b>
If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	

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

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