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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RICARD PLASTICS, INC

Name of Corporation

DOCUMENT NUMBER: F98 000003077

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:

GLORIZA SALADIN

Name of Contact Person

I STERN AND COMANY INC

Firm/Company

49 BRANT AVENUE SUITE 7

Address

CLARK, NJ 07066

City/State and Zip Code

GSALADIN@ISTERNPLASTICS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORIZA SALADIN

..732

382-9666

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of DELAWARE rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: RICARD PLASTICS, INC
	office address: 49 BRANT AVENUE, SUITE 7 & 8 NJ 07066
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 5/7/1998 Document number: F98000003077
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	INTERSTATE DOCUMENT FILINGS INCORPORATED
	1540 GLENWAY DRIVE
	TALLAHASSE, FL 32301
6. The name and (if changed):	LARRY MILES 214 DESOTA CT
	LARRY MILES
	214 DESOTA CT
	P.O. Box NOT acceptable LADY LAKE, FL 32159-5669
The street addr	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
X Signati	BRIAN MILES, PRESIDENT Printed or typed name and title
Thank, saass	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete fry duties, and I am familiar with and accept the obligation of my position as registered is socument is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. Comparison of Registered Agent Date Date
If signing on b	ehalf of an entity:
LARRY M	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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