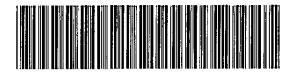
F9900001191

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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Max Outlet (Name	of corporation)
DOCUMENT NUMBER: F99000001191	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Dennis E. Howarth	
(Name	e of person)
National Registered Agents, Inc.	
(Name of	firm/company)
P.O. Box 927	
(A	ddress)
West Windsor, NJ 08550-0927	
(City/state	e and zip code)
For further information concerning this matter, please c	all:
Dennis E. Howarth	at (800) 767-1553- Ext. 15
(Name of person)	at (800) 767-1553- Ext. 15 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departs	ment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

		2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this s d under the laws of the State of <u>District of Columbia</u>	statement of in order
to change its re	egistered office or registered age	ent, or both, in the State of Florida.	
1. The name of	the corporation: Max Outlet		
2. The principa	l office address: 2801 W. Sunr	ise Blvd., Suite 511, Sunrise, FL 33323	
3. The mailing	address (if different): 2801 W.	Sunrise Blvd., Suite 511, Sunrise, FL 33323	
4. Date of incom	rporation/qualification: 3/2/99	Document number: F9900001191	
	d street address of the current repartment of State:	gistered agent and registered office on file with the	
	NRAI Services, Inc.		
	526 E. Park Avenue		.
	Tallahassee, FL 32301		05 OCT
6. The name an (if changed):		tered agent (if changed) and /or registered office	
	NRAI Services, Inc.		
	2731 Executive Park Drive	e, Suite 4	64 66 Strong
	(P.O. Box	or personal mailbox NOT acceptable)	<i>,</i> ,,
	Weston, FL 33331		
The street addr	ess of its registered office and t	the street address of the business office of its registered a	gent, as
Such change w the board, or th NRAI Services.	as authorized by resolution dule e carporation has been notified the registered agent	y adopted by its board of directors or by an officer so aut in writing of the change.	thorized by
(4)	Signature of all office or director)	Dennis E. Howarth, President of N (Printed or typed name and title)	RAI Services, Inc.
l further agree duties, and I on being filed mer	to comply with the provisions of familiar with and accept the cell to be the real type of the real type of this change in the real type.	agent and agree to act in this capacity, of all statutes relative to the proper and complete perforn obligation of my position as registered agent. Or, if this egistered office address, I hereby confirm that the corpore	nance of my document is ation has
by:	(Signature of Registered Agent)	10/14/05 (Date)	
If signing on be	chalf of an entity:	(Canacity)	

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