9000001411 Address Phone # City/State/Zip Office Use Only S), (if known): CORPORA' LAW OFFICES OF ALLAN M LERNER 2888 E OAKLAND PARK BLVD FL 33306-1814 FORT LAUDERDALE (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Certificate of Status Photocopy ☐ Will wait Mail out **AMENDMENTS** NEW FILINGS Amendment ■ Profit Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

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

the undersigned corporation organized under the laws of the State of	f FLORIDA		
submits the following statement in order to change its registered of the State of Florida.	fice or registered ag	ent, or both, i	'n
1. The name of the corporation: FUZION WIRECE	SS Commo	NIC A 170 N	<u>s</u> .Fn
2. The mailing address of the corporation: 5255 North Bock RASSN. FLORIDA. 33	FEBERAL.	HIEHM	AY
3. Date of incorporation/qualification: 3/15/99 Docu		9,0000	1411
4. The name and address of the current registered agent and office:	aneat itimoer. · ·	100008	, , , , ,
DAUID L. FRANK			
BOCA RATION, FICIRINA	72U17		<i></i>
5. The name and address of the new registered agent (if changed) and (P. O. Box Not Acceptable)	or registered office	(if changed):	
Allan M. Lernor			
2878 E. Dakbod Park Bowleve	isd		
Ft. Lande-dale, FL 33306	, .		
The street address of its registered office and the street address of the agent, as changed, will be identical.	e business office of	its registered	
Such change was authorized by resolution duly adopted by its board authorized by the board. (Signature of an officer, chairman or vice chairman of the board)	of directors or by an	n officer so	"
(Printed or typed name and title)			
Having been named as registered agent and to accept service of processors of the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the oblive registered agent.	cess for the above st d agree to act in this o the proper and co gation of my positio	s capacity. mplete mras	
(Signature of Registered Agent)	(Date)		
If signing on behalf of an entity:		30 ARY (SSE	
(Typed or Printed Name)	(Capacity)	FO B	
* * * FILING FEE: \$35.00 * * *		12: 12 STAT LORIG	المسا
CR2F045(9/00)		Ö	

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314