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COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: C.E.H., INC (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: 62391/
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:
Sames A. Crisp (Name of Contact Person)
Consulting and Engineering for the Handicapped
4457 63 Circle N. (Address)
Pinellas Park FL 3378/ (City/State and Zip Code)
For further information concerning this matter, please call:
Vames A. Crisp at (727) 522-0364 (Name of Contact Person) at (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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

4. Date of incorporation/qualification: 2-16-1983 Document number: 6 239// 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Ph: 11:8 G. FAAS 3124 BAYShore BINE 34 Peles Shuse, FI. 33703 6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): 1 James A. Crisp 2194 Beverly Liv. Clegiculater - 3753763 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, or the corporation has been notified in writing of the change. Ph: 11: B. F. FAAS, Fees. (Signature of an officer or director) I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. (Signature of Registered Agent) (Figure of Registered Agent) (Date)	statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
3. The mailing address (if different): 4. Date of incorporation/qualification: 2-16-1983 Document number: 6 2391/ 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Philip 6. FAAS 3134 Bayshore BINE 344 Potos Source, F1. 333703 575 6. The name and street address of the new registered agent (if changed) and for registered office of (if changed): 100 100 100 100 100 100 100 1	1. The name of the corporation: Consulting And Engineering for the Handicapped,
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Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Ph' Ph' Ph'	(P.O. Box NOT acceptable)
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Ph' II. P. G. FAHS, Pres. (Signature of an officer or director) 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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. (Signature of Registered Agent) (Date) If signing on behalf of an entity:	· · · · · · · · · · · · · · · · · · ·
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If signing on behalf of an entity:	Atomes & Circo 11-15-07
	(Signature of Registered Agolit) (Date)
(Typed or Printed Name)	If signing on behalf of an entity:
i i voca di l'illitea (Name)	(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 * * *

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