(Requestor's Name)	
(Address) (Address)	000158872270
(City/State/Zip/Phone #)	
(Business Entity Name)	07/29/09~-01003009 <b>**35.00</b> Noted to the
(Document Number)	≥
Certified Copies Certificates of Status Special Instructions to Filing Officer:	09 JUL 29 PH
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Office Use Only

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

1. The name of the corporation: Torque Master, Inc.

2. The principal office address: 4004 Anchor Way, Orlando, Florida 32804

3. The mailing address (if different):

8 e N.

- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: H62994
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mark P. Lang, Esquire

222 West Comstock Avenue, Suite 210

Winter Park, Florida 32790

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Julian K. Haller

4004 Anchor Way

P.O. Box NOT acceptable

Orlando, Florida 32804

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.

Signature of an officer or directo

Julian K. Haller Printed or typed name and title

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.

tvic of Registered Agent

If signing on behalf of an entity:

ulian K. Haller

Typed or Printed Name

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

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