

ATTORNEYS AND COUNSELORS AT LAW

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March 2, 2001

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Florida Department of State Division of Corporation P O Box 5327 Tallahassee, Florida 32301

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000003802140--8

\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE:

Rust-Off, Inc.

J08053

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations and my check in the amount of \$35.00.

Thank you for your prompt attention to this matter.

Sincerely yours,

punes C. Whipher

JES/jak

Enclosure

OLMAR-6 AMII: 16 SECRETARY OF STATE

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Registered Office Change

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	corporation organized under the laws of the State of Florida
	owing statement in order to change its registered office or registered agent, or both, in
the State of Flor	Prot Off Inc
1. The name of	the corporation: Rust-OII, Inc.
2. The mailing a	address of the corporation: 1461 Kastner Place, Suite 101
	Sanford, FL 32771
3. Date of incom	rporation/qualification: 04-07-86 Document number: J08053
4. The name and	d address of the current registered agent and office:
	Costello, James
_	526 Devon Place
	Heathrow, FL 32746
5. The name an	d address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
	Costello, James
·	692 Cricklewood Terrace
	Heathrow, FL 32746
The street addragent, as chang	ess of its registered office and the street address of the business office of its registered ed, will be identical.
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board.
	2/7/0/
(Signature	of an officer, chairman or vice chairman of the board) (Daté)
James	Costello, President (Printed or typed name and title)
ם משונת שממדעונו ו	amed as registered agent and to accept service of process for the above stated hereby accept 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 f my duties, and I am familiar with and accept the obligation of my position as
	(Date) / / / O [
	Signature of Registered Agent) (Date)
If signing on beha	
_ JoA.	TEC COSTELLO PROSIDENT (Capacity)

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