K10408

r r				
(Requ	iestor's Name)			
(Addre	ess)			
(Addr	ess)			
(City/S	State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Fili	ng Officer:			
,				

Office Use Only

Ralchange Talchalos



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SEVIELARY OF STATE

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

Pursuant to the	provisions of sections 607.0502, 6	617.0502, 607.1508, or 617.1508, Fl	orida Statutes,		
_	f change is submitted for a corporat	tion organized under the laws of the S	tate of		
FLORIDA	in order to change its registe	ered office or registered agent, or bo	th, in the State		
of Florida.		- 1110			
	the corporation: STORAGE POWER				
2. The principal	office address: 6950 PHILLIPS HW	Y, SUITE 15			
JACKSONVI	LLE, FLORIDA 32216				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 01/04/1988	Document number: K104	408		
	I street address of the current registe tment of State:	ered agent and registered office on file	with the		
	MARCIA M. HOWARD				
JACKSONVILLE, FL 32202					
				6. The name an changed):	_
	RAX CO.		100 P		
_	50 NORTH LAURA STREET, SUITE 3300 (P.O. Box or personal mailbox NOT acceptable)				
	JACKSONVILLE, FL 32202	anoox NOT acceptable)			
The street addre	ess of its registered office and the steed will be identical.	treet address of the business office of	its registered		
Such change wa authorized by th	as authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by a notified in writing of the change.	n officer so		
	chairman or vice chairman of the board)	Ricardo Morales, Jr. Presid (Printed or typed name and title)	<u>ent</u>		
I further agree t	to comply with the provisions of all	nt and agree to act in this capacity. I statutes relative to the proper and cand accept the obligation of my posited merely to reflect a change in the recondance to the new this on has been notified in writing of this	omplete ion as gistered change.		
——————————————————————————————————————	gnature de Registered Agent)	May 30, 2003 (Date)			
If signing on behali	f of an entity:				
	Halcyon E. Skinner President				
(Typed or Printed Name) (Capacity)					

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