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Requ	estor's Name	_		
. 6096 N	W 3 oth Way			
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CORPORATION N.	AME(S) & DOCUMENT NU	MBER(S), (if known):		
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Profit	Amendment	700	1002633897	3
NonProfit	Resignation of R.A., Officer/Dir	ector	*****35.00 *****35.0	)O
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Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILLINGS:	REGISTRATION/			
Annual Report	QUALIFICATION			
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	Reinstatement			
	Trademark	9-16	-98	-
	Other	,		

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of FLORIVA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: $BETAHEDEEINC$
2. The mailing address of the corporation is: 6096 N W 30 771 WAY
BOCA RATON, FL 33496
3. Date of incorporation/qualification: 1-15-88 Document number: 11 404
4. The name and address of the current registered agent and office: K() 104
GERALD M. LICHEN
320 ARIZONA ST DO 0
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
GERALD M. LICHEN
6096 NW 307 WAY BY 30
BOCA RATON FL 33496
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.
June 111 ( PASIONE 9-4-98
(Signature of an officer, chairman or vice chairman of the board) (Date)
Genaco M. Lichen, Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 perform agent, and I am familiar with and accept the obligation of my position as
registered agent.
/ hour /ll ( 9-4-98
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
GENALI) M. LICHEN PRESIDENT (Capacity)
(2) post of Finish Finish (Capacity)

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