LO1000015850 Bteq Corp. 11200 NW 25 Street, Suite 123 Miami, FL 33172 Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): L01-15850 (Document #) (Corporation Name) 700004651787 10/24/01--01049-(Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Certificate of Status Photocopy Will wait ☐ Mail out <u>AMENDMENTS</u> **NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the Stat	e of Florida.	3, 11, 13, 11, 12, 13, 120	or registered
1. The name of the limite	ed liability company is:EXT	REND LID. CO.	
	f the limited liability company is:		
	11200 NW 25 STREET, #123	· -	
	MIAMI, FL 33172		
3. Date of filing/registrat		ocument number L01000	015850
5. The name of the register Florida Department of S	red agent and the registered office addres	ss as shown on the record	s of the
•	<u>LESLIE ALAN ROZENÇ</u> WAIG		
	Name		-
	1 SE 3 AVENUE, #960		
	Address		
	MIAMI, FL 33131	=	
	City, State and Zip		•
6. The name and address of	of the new registered agent and/or office:		0 NY
	DAVID L. CARLSON		NSEGNETAR USBON OF C
·	Name		~ 2 ₹
_	8180 NW 36 STREET, #100	-	£ 257
_	Florida street address (P.O. Box NOT a	cceptable)	PM 3
-	<u>MIAMI FL</u> 33166	· -	₿
	City, State and Zip	-32/30	o SHC
and the business office of the liability company, it is here the members of the limited the operating agreement of	<u>-</u>	eet address of the register	ed office
Signature of a member or authorize	ed representative of a member)		
MZI DD DET TO	- -		
MILED_ELLIS (Printed or typed name of signee)	<u> </u>	÷	
I hereby accept the appoint to the appoint to the provisions and the provisions and the provisions and the provisions are the provisions and the provision of t	tment as registered agent and agree to ac of all statutes relative to the proper and c accept the obligations of my position as r s document is being filed to merely reflec tat the limited liability company has been		er agree to my duties, led for in ed office s change.
Signature of Registered Agent)	1	<u>م</u> بد	
' Division	of Corporations, P.O. Box 6327, Tallah	1assee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)