101000019160

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TRANSMITTAL LETTER

Division of Corporations Ultracorp International, L.L.C. (Name of corporation) DOCUMENT NUMBER: L01000019150 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ave Keller (Name of person) Ultracorp International (Name of firm/company) POB 1004 ····(Address) Fort Lauderdale, Fl. 33302 (City/state and zip code) For further information concerning this matter, please call: Ave Keller

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of person)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

November 19, 2002

AVE KELLER **ULTRACORP INTERNATIONAL** P.O. BOX 1004 FORT LAUDERDALE, FL 33302

SUBJECT: ULTRACORP INTERNATIONAL, L.L.C.

Ref. Number: L01000019150

We have received your document for ULTRACORP INTERNATIONAL, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered agent for a Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 602A00062483

Michelle Hodges **Document Specialist**

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FATEMENT 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 hability company 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 limited liability company is:		ULTRACORP INTERNATIONAL		
2. The mailing address of the limited liability con				
11/02/2001		_L0100001915	_L01000019150	
3. Date of filing/registration in Florida		4. Document nur	4. Document number	
5. The name of the regist Florida Department of		ffice address as shown	on the records of the	
	Robinson, William	- 	•	
	Name 295 Goolsby Blvd.			
	Addres Deerfield Beach, Fl. 3344	2		
	City, State a	ind Zip	02 [ALL	
6. The name and address	of the new registered agent an	d/or office:	E B I	
	Ave Keller		of [
	818 East Las Olas Blvd.			
	Florida street address (P.O.	Box NOT acceptable)		
	Fort Lauderdale FL	33301	>'''	
	City, State an	d Zip		
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	mpany is not organized under to change or changes are made, the fine registered agent will be increased confirmed that the change and liability company or as other of the limited liability company or as other limited liability liabili	e Florida street address	of the registered office	
Ave Keller				
(Printed or typed name of signed	•		<u>.</u>	
7	ointment as registered agent and as of all statutes relative to the place of all statutes relative to the place of a comment is being filed to the that the limited liability comp	nd agree to act in this ca proper and complete p position as registered merely reflect a change vany has been notified in	ipacity. I further agree to lerformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent)				
Divisi	on of Corporations, P.O. Box	6327, Tallahassee, FI	_ 32314	

FILING FEE: \$25.00

INHS18(10/99)