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COVER LETTER

TO: Amendment Section Division of Corporations

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WORK HARD PLAY HARD, INC. (Name of Corporation) SUBJECT:

DOCUMENT NUMBER: $\angle 11.333$

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:

ORK HAC RAYH (Firm/Company)

UTE 202 13131 SW 13

MIAMI, FL 33186 (City/State and Zip Code)

For further information concerning this matter, please call:

Amer DISHKIN at (<u>305</u>) <u>969-0005 x 313</u> (Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

1. T	he name of the corporation: WORK HARD PLAY HARD, INC.
¥ 2. TI	he principal office address: 13131 SW 132 ND STREET, SUITE 202
· _	he name of the corporation: <u>WORK HARD PLAY HARD, INC.</u> he principal office address: <u>13131</u> SW 132 ND STREET, SUITE 202 MIAMI, FL 33186
	he mailing address (if different):
4. D	ate of incorporation/qualification: 8/22/89 Document number: 11.333
	he name and street address of the current registered agent and registered office on file with the orida Department of State:
	DANIEL A. LEVINE

MIAMI, FC 3315

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DANIFI A. LEVIN 131 SW 132 STREET, SUITE (P.O. BOX NOT acceptable) MIAMI, FL 33/8

18629 SW 107 MENIE

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, of the corporation has been notified in writing of the change.

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is the provision of the complete in the registered office address, I hereby confirm that the corporation may been notified in writing of this change.

(Signature of Registered Agent)

(Signature of an officer or director)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (R2E045 (8/05)