| (R | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ddress) | |
| (Ac | ddress) | <u>-</u> |
| (C | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | | |
|----------------------------------|---|--|--|--|--|--|--|
| SUBJE | CT: 7M Corporation (Name of Corporat | ion) | | | | | |
| | (Name of Corporat | 1011) | | | | | |
| DOCUM | MENT NUMBER: M13228 | | | | | | |
| The encl | losed Statement of Change of Registered Office/Agent | t and fee are submitted for filing. | | | | | |
| Please re | eturn all correspondence concerning this matter to the | following: | | | | | |
| | Ainslee R. Ferdie | 3 | | | | | |
| | (Name of Contact Pe | erson) | | | | | |
| Law Offices of Ainslee R. Ferdie | | | | | | | |
| | (Firm/Company) | | | | | | |
| | 717 Ponce de Leon Blvd., Suite | #215 | | | | | |
| | (Address) | 1.000 | | | | | |
| | Coral Gables, Florida 33134 | • | | | | | |
| | (City/State and Zip C | Code) | | | | | |
| For furth | her information concerning this matter, please call: | | | | | | |
| Ainsl | lee R. Ferdie | 305 , 445-3557 | | | | | |
| | (Name of Contact Person) (| 305 445-3557 Area Code & Daytime Telephone Number) | | | | | |
| Enclosed | d 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 | | | | | |

LAW OFFICES OF AINSLEE R. FERDIE

SUITE 215

717 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134-2048
TELEPHONE (305) 445-3557
TELECOPIER (305) 441-6401
E-MAIL: lawoffic@gate.net

AINSLEE R. FERDIE STUART A. LONES

November 4, 2005

Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32317

> Re: 7 M Corporation Document No: M13228

Dear Sir/Madam:

Enclosed is executed Statement of Change of Registered Agent form and Cover Letter, together with our check in the amount of \$35.00. We also enclose a check in the amount of 8.50 for a certified copy of this change, to be sent to this office.

Very truly yours

AINSLEE R. FERDIE

ARF/rf encls.

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

| Pursuant to the pro statement of change | e is submitted fo | r a corporation org | ganized under the | laws of the State | of | | | |
|---|---|--|--|---|-------------------|--------------------------------|--|--|
| in order to | change its regi | istered office or reg. | istered agent, or l | both, in the State | of Florida. | | | |
| 1. The name of the corporation: 7M Corporation | | | | | | | | |
| 2. The principal office address: 520 SE 5th Avenue, #2604, FT. Lauderdale, F1. 33301 | | | | | | | | |
| 3. The mailing addr | ess (if different) |): P.O. Box 5 | 530744, Miam | i, Florida 3 | 33153 | | | |
| 4. Date of incorpora | ation/qualification | on: | Docume | nt number: M132 | 228 | | | |
| 5. The name and str Florida Departme | | ne current registered | d agent and regist | ered office on file | with the | | | |
| | | Leonardo D |). Starke | | | 0 | | |
| | | 3340 SW 32 | 2nd Avenue | | | VISION VISION | | |
| | | Miami, Flo | orida 33147 | | | 夏 新 | | |
| 6. The name and str (if changed): | eet address of th | ne new registered aş | gent (if changed) | and /or registered | office | 2005 NOV -7 AH 11: 52 | | |
| ***** | | Ainslee R. | Ferdie, Es | q. | | | | |
| | | 717 Ponce | de Leon Blv | d., Suite #2 | 15 | 79 | | |
| _ | , | (P.O. Box NOT accepta | | 22121 | | | | |
| | | Coral Gabl | es, Florida | 33134 | | | | |
| The street address as changed will be | of its registered identical. | office and the stre | eet address of the | business office of | of its registered | agent, | | |
| Such change was a authorized by the b | uthorized by re oard, or the cor | solution duly adop rporation has been | oted by its board of notified in writing | of directors or by ng of the change. | an officer so | | | |
| Saic A- | I air officer or directo | > | ERIC | . HISTAKKO | PKESE | DIKECTOK | | |
| I hereby accept the I further agree to c of my duties, and I document is being corporation has be | appointment a comply with the am familiar wi filed merely to | s registered agent provisions of all st ih and accept the o reflect a change in | and agree to act tatutes relative to obligation of my p the registered of | President an in this capacity of the proper and position as regist fice address, I have | | rmance ; if this hat the | | |
| (llen | slef J | facility . | | Nov 4 | 2005 | | | |
| Ains If signing on behal | • | • | | (Date) | | | | |
| (Types | d or Printed Name) | | | | | | | |

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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