M74679

	acress)	
(Ĉi	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
	· D	<u> </u>
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



200070627952

04/24/06--01026--001 **35.00

PA to charge

E. Roberts | MAY | & FITTI

EURETARY OF STATE

֝֞֞֝֟֝֝֟֝֝֟ ֓

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

			istered agent, or both	•	0) - 10-100		
			AND ASSOCIATES,				
2. The principa	d office address:	2000 NE 196T	m MWB ECS	3/19			
	address (if different): PO BOY	630095 PC 33/63-00				
		Mismi	PC 33/63-00	MT		<u> </u>	<u>. </u>
4. Date of inco	rporation/qualificati	on: 3 31 8	Document n	ımber:	M746	79	
5. The name at			d agent and registered				
		Enic Hy					
		PoB	OX 63000	15			
		Man F	1, 27	11.7			
		11.50				Es S	2
 The name ar (if changed): 		he new registered as	gent (if changed) and	or registered	1 office		06 MAY - 5 PM 21
(a) oriented	•	r., i. l.				HAS	1
		FUICHIM	196 for	<u> </u>		SE SE	S
	-	2000 NE	196 ter	·		£04	¥
		(P.O. Box NOT accepta	C 33179			LOF	23 3
		1-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				E H	<u> </u>
The street add	ress of its registered Il be identical.	i office and the stre	ect address of the bus	iness office	of its registere	d agent,	
		solution duly adop rporation has been	nted by its board of d notified in writing o	irectors or b	y an officer so		
•							
	attile of outless or direct	•	•	M mar fre	•		
I hereby accept I further agree of my duties, a document is be corporation he	n the appointment of the comply with the mid I and familiar wishing filed merely to as been notified in v	is registered agent provisions of all si th and accept the c reflect a change in vriting of this chan	and agree to act in the tatutes relative to the obligation of my position the registered office ge.	his capacity proper and tion as regis address, I h	complete perf tered agent. C tereby confirm	ormance)r, if this that the	
_	16/-						
	Signature of Ageigneded Ag	ent)		(Date)			
If signing on b	ehalf of an enerty:						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.Ö. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (\$/05)