N0000003409

John Houk (Requestor's Name)	_
2525 Lake D. (Address)	_
(Address)	
7.0	_
(Address)	
5. Mark Island, (City/State/Zip/Phone #) FC	_
(City/State/Zip/Phone #)	ر ک
PICK-UP WAIT MAIL	
	_
(Business Entity Name)	
(Document Number)	_
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:]
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Office Use Only

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the statement of change is submitted for a corporation organized under the laws of the State of	nis .
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Philosophysopro Helloestly	I due
2. The principal office address: 2525 Looks Drive # C	\' \
SWOOT DELOND FLO. 33	3404
3. The mailing address (if different): Source	
4. Date of incorporation/qualification: 1995 Document number: N 00000	203409.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
NA	. 2 · e
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· · · · · · · · · · · · · · · · · · ·	phore 11-301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	61 3891
John Moulet	~ 1 £
2525 halls Drugger (P.O. Bóx NOT acceptable)	and ac
E CHEEL COLORED COLORED	10334
The street address of its registered office and the street address of the business office of its registere as changed will be identical.	ed agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	-
(Signature of an officer or director) (Frinted on typed hame and title)	
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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent, adocument is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formance Or, if this 1 that the
(Signature of Registered Agent) (Date)	-
If signing on behalf of an entity:	05 OCT
John Tollowk (Typed or Printed Name)	24 24
* * * FILING FEE: \$35.00 * * *	300
Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)	DO OO