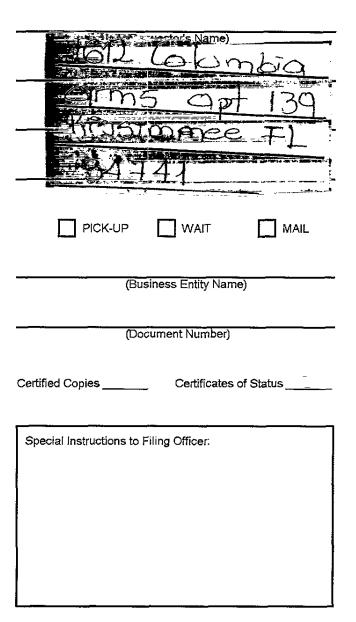
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RA Chy.

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

Pursuant to the	e provisions of se	ctions 607.0	502, 617.0502, 6	07.1508,	or 617.1.	508, Florid	da Statutes,
this statement o	of change is submi	tted for a co	rporation organiz	ed under	the laws	of the State	of
FLORIDA			registered office (-	•
of Florida.			۴		_		
1. The name of	the corporation:_	Pau	life in	Jes	<u>ا 20</u>	NC.	
2. The principal	l office address:	2201	Pontina	<u>C+</u>	# 7,	KISSI	muel ?
FLA, Q	,4741	• ****					02
3. The mailing	address (if differen	nt):	········				2
							25
4. Date of incor	poration/qualifica	tion: 9	19/2002	Docume	nt number	NOZO	0000 F
	d street address of	the current:	registered agent a	nd regist	ered office	on file wi	th the
	JUAN (A Rnic	A	ii.	-		
			A Ct. A	0+ 1	<u> </u>	·	
			'_ '				
	Kissin	amee,	F1 34.	74!		· ·	
	nd street address	of the new	registered agent (if chang	ed) and /c	or registere	d office (if
changed):	LEDNARG	do Co	renado				
	1612 601	UMbles (P.O. Box or pe	ARMS C	A. Signatura	PT #1	39	
	WISSIMME			• ,			
The street addragent, as chang	ess of its registere ed will be identic	1		s of the l	ousiness o	ffice of its	registered
Such change wathorized by the	as authorized by r he board, of the co	esolution du orporation h	ily adopted by its as been notified i	board of n writing	f directors g of the ch	or by an o	fficer so
Signature of an officer	r, shairman or vige chairm	an of the board)	Juan	Printed or to	NICA	Presic	tent
I hereby accept I further agree performance of registered agen office address,	the appointment to comply with the my duties, and I it. On if this doci I hereby confirm	as registered e provisions am familiar uneut is bein that the corp	d agent and agree of all statutes re with and accept in ag filed merely to	e to act i lative to the oblig reflect a notified	n this cap the prope ation of m change in	acity. r and comp y position n the regis.	as tered
If signing on behal	If of an entity:	-			,		
reenred		80			_		
	Typed or Printed Name)				(Capacity)		

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