N0200008936

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TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJE	CCT: WESTCHESTER RADIO CLUB INC.
50202	(Name of corporation)
DOCU	MENT NUMBER: N02000008936
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
MARIO	D CALVO
	(Name of person)
WEST	CHESTER RADIO CLUB INC.
	(Name of firm/company)
7575 S	S.W. 29 STREET
	(Address)
MIAMI,	FLORIDA 33155
	(City/state and zip code)
For furt	ther information concerning this matter, please call:
MARIO	CALVO at (305) 262-5494 (Name of person) (Area code & daytime telephone number)
	(Name of person) (Area code & daytime telephone number)
Enclose	ed is a \$35.00 check made payable to the Department of State.
Amenda Division P.O. Bo	g Address: ment Section n of Corporations ox 6327 ssee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

	e provisions of s of change is subn in order	iitted for a		n organi:	zed under	the laws oj	f the State	of	
of Florida. 1. The name of	the corporation:		Ū	-	_		رج يأسحر	, <u>e</u>	
	I office address:						<u></u>	G S	
			LORIDA 33				<u> </u>	是言	•
3. The mailing	address (if differ	ent):THE	SAME					100 P	
4. Date of incom	rporation/qualific	cation:1	1/19/2002		Documer	it number:	N020000	08936	: -
	nd street address of artment of State: LOUIS D. GAR		ent registere	ed agent a	and registe	red office	on file with	h the	
	13446 S.W. 62		JNIT E103						
	MIAMI, FLORI	DA 33153							
6. The name a changed):	nd street address		ew registere	ed agent	(if change	d) and /or	registered	d office (i	f
	2501 S.W. 117	(Р.О. Вох	or personal mail	BOX NOT BOX	ceptable)				
The street addi	ress of its registe ged will be ident	red office ical.	and the stre	eet addre	ss of the b	usiness of	fice of its	registered	
mas.	vas authorized by the board, or the				CALVO - D			ficer so	
performance of registered eyes, office address,	t the appointment to comply with formally with four the following the fo	I am famii cument is	liar with an heing filed	id accept merely to	the obliga o reflect a	ation of my change in	position e the regist	as ered	
If signing on beha	Signature of Registered	Agent)	£			01/03, (Date)	12004		
Luci	Typed or Printed Name	tinez	<u> </u>	ופ	<u> </u>	Capacity)			

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