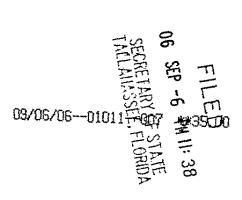
N04000001722

(Re	questor's Name)	
(Ad	dress)	
——(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
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PICK-UP		MAIL
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(Bu	siness Entity Nan	ne)
	,	<u></u>
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer	
Opecial matractions to	i ming Onioei.	

Office Use Only



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HAA Krichange

COVER LETTER

TO: Amendment So Division of Co	ection oporations			
SUBJECT: Beyond Expectations, Inc.				
-	(Name of Co	rporation)		
DOCUMENT NUMB	ER: N06000001722			
The enclosed Statemen	t of Change of Registered Office	Agent and fee are submitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	,			
Charles R. Morgenstein				
	(Name of Con	tact Person)		
	7437 - 120			
	(Firm/Cor	npany)		
700	NESIA (T ()	200		
<u>700</u>	NE HArbour Terrace, #3 (Addre			
	(Duni			
Boc	a Raton, Florida 33431			
	(City/State and	d Zip Code)		
For further information	concerning this matter, please ca	ıll:		
Charles Morgenste	in	at (561) 347-1544		
	of Contact Person)	_at (561) 347-1544 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 ch	neck made payable to the Departn	nent of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

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

	-	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida	_
in ord	ler to change its registered office or re	gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: Beyond Expectati	ons, Inc.	
2. The principa	I office address: 700 NE Harbour T	Terrace, #329, Boca Raton, Florida 33431	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 02/16/06		
	nd street address of the current registered artment of State:	ed agent and registered office on file with the	
	Charles R. Morgenstein		
	5525 NW 15th Avenue, Suite 200		
	Fort Lauderdale, Florida	33309	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Charles R. Morgenstein		
	700 NE Harbour Terrace		
	(P.O. Box NOT acceptable)		
	Boca Raton, Florida 334	.31 FC P	
as changed wil	ll be identical.	reet address of the business office of its registered agent	ŧ,
Such change wa authorized by t	as authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an officer so in notified in writing of the change.	
` •	ture of an office or director)	Charles R. Morgenstein, Director (Pfinited or typed name and title)	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agen to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change i is been notified in writing of this chai	t and agree to act in this capacity. statutes relative to the proper and complete performand obligation of my position as registered agent. Or, if th n the registered office address, I hereby confirm that th nge.	ce is ie
(A)	1.4	08/18/06	_
	ignature of Registered Agent)	(Date)	
	ehalf of an entity:		
	(Typed or Printed Name)	and the same of th	
,	C. N. E		

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