15.10, 200 N48549

FROMING SERREGUE OF STATE Sept. 10, 2005 Duckeron of Carponet con MS JUPY EURE REQUEST FOR PHOTO COPY OF Comphete FILE OF FLOAT PLAN FOUNDATION, INE DOBUMENT NUMBER N48549 PLEASE FORWARD COPIES OF FILE to the New Registance Agents ADDRESS WENRY BONIS 679 NE 77HSt. MIAMI, F1 33138. Throk you Agrin For All your 14EGP: 200004587192--6 -09/13/01--01016--007 *****87.50 ******43.75 Simularely, Lost Plan Foundation Trec-C. Coulliste SEP 1 3 2001 Entified Capy our mail to

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 undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation: FLOAT RAN FOUNDATION INC.
The hand of the corporation.
2. The mailing address of the corporation: 1535 Horning Daire
Mr. Doza, FL 32757
3. Date of incorporation/qualification: 4/24/92 Document number: N48549
4. The name and address of the current registered agent and office:
STUDET MARCUS
2251 SW 2254. SRX 3 7
Minui F2 33145
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
Henry Sovies
679 NE 77 ST
Mioni, FZ 33138
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board
And Ferm 9/10/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
D. FARMER, PLESIBLE T. (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 performance of my duties, and I give familiar with and accept the obligation of my position as registered agent.
There ouis 9/10/01
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS