

N94000003878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

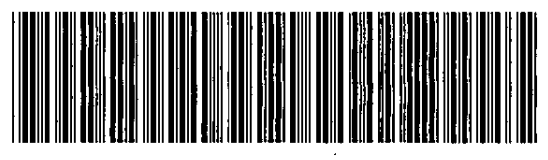
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 25 AM 11:59

CycleMobility, Inc.
P.O. Box 2292
Fort Lauderdale, FL 33303
March 3, 2009

TO: Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: CycleMobility, Inc. – Change of Registered Agent

DOCUMENT NUMBER: N9400003878

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

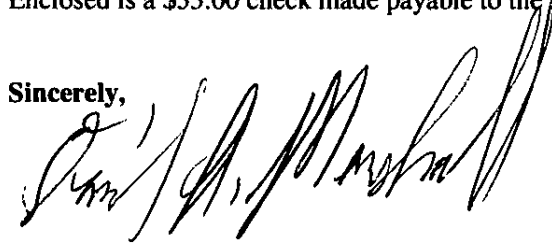
David A. Marshall, President
CycleMobility, Inc.
P.O. Box 2292
Fort Lauderdale, FL 33303

For further information concerning this matter, please call:

David Marshall at (954-410-6946)

Enclosed is a \$35.00 check made payable to the Department of State.

Sincerely,



David A. Marshall
President

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **CYCLEMOBILITY, INC.**
2. The principal office address: **1223 SW 5th Court, Fort Lauderdale, FL 33312**
3. The mailing address (if different): **P.O. Box 2292, Fort Lauderdale, FL 33303**
4. Date of incorporation/qualification: **08/05/1994** Document number: **N94000003878**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

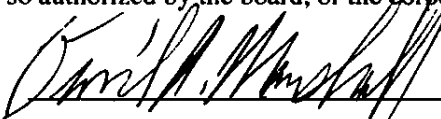
KAUFMAN, DAVID
6360 SW 84 ST
MIAMI FL 33143 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SEILER, JOHN P
2850 NORTH ANDREWS AVENUE
WILTON MANORS FL 33311

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, or the corporation has been notified in writing of the change.

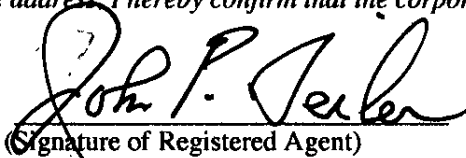


David A. Marshall, President

(Signature of an officer or director)

(Printed or typed name 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



(Signature of Registered Agent)

3/13/09
(Date)

If signing on behalf of an entity:
***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05) - CYCLEMOBILITY, INC.

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