POS000011542

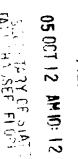
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

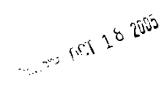
Office Use Only



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10/12/05-01008-007 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: TRINICES TOUCH MICOR PORATECT (Name of Corporation)		
DOCUMENT NUMBER: <u>\$00000011542</u>		
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:		
(Name of Contact Person)		
Hancess Touch Inc.		
6999-02 Merril Road, Suite# 310		
JALKSORLIJE EDRICA 32277 (City/State and 21p Code)		
For further information concerning this matter, please call:	95	
(Name of Contact Person) at (904) 743-6517 (Area Code & Daytime Telephone Number)	05 OCT 12	
Enclosed is a \$35.00 check made payable to the Department of State.	AM IO:	Ţ
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building	12	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PRINCESS TOUCH MICOR PORATED
2. The principal office address: 4150 Old M.II Cove Thou West
JACKSOMUILLE, 21 32277
3. The mailing address (if different): Lo 499-02 Mer hill Road # 310
JACK 50 MUILLY EL 32277
4. Date of incorporation/qualification: 1 28 00 Document number: P00000 11543
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JACQUELING DUKES
1023 YSTER CIRCLE WEST
JACKSONWILL EBRICA 32209
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): BORAH L. Gheen Control of the law registered agent (if changed) and for registered office Control of the law registered agent (if changed) and for registered office Control of the law registered agent (if changed) and for registered office Control of the law registered agent (if changed) and for registered office Control of the law registered agent (if changed) and for registered office Control of the law registered agent (if changed) and for registered office Control of the law registered agent (if changed) and for registered office Control of the law registered agent (if changed) and for registered office Control of the law registered office Control of the law registered agent (if changed) Control of the law registered a
4150 Old Mil Ove Thail West
JACKSONIUILE, ELORIDA 32277
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.
(Signature of an officer or director) REDORAN L. GREEN, PREDICTORY (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.
Jacqueline Dukes 10 Joue 05 (Signature of Registered Agent)
If signing on behalf of an entity:
TARQUELINIE XUKES (Typed or PrinterName)

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