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TO: Amendment Section Division of Corporations

400007307274--2 -08/23/02--01034--003 ******\$5.00 ******\$5.00

SUBJECT: Pollavision,	Inc.	=
	(Name of corporation)	
DOCUMENT NUMBER:	P0000015051	
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
G. Alan Howard, Esq.	·	
(Name of person)		<u>ت</u>
Milam & Howard, P.A.		-
(Name of firm/compa	any)	
50 North Laura Street, Suite	2900	
(Address)		
Jacksonville, FL 32202		- -
(City/state and zip cod	de)	.
For further information concerning this	s matter, please call:	
G. Alan Howard:	at (904) 357-3660	~
(Name of person)	(Area code & daytime telephone number)	

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

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SECRETARY OF STATE DIVISION OF CORPORATIONS

CR2E045(07/02)

R.A. Change AFT 8-29-02

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

this statement c	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, 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: Pollavision, Inc.
The principa	loffice address: 100 NE 39th Street
Miami,	Florida 33137
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 2-7-00 Document number: P0000015051
	d street address of the current registered agent and registered office on file with the artment of State:
	Marie T. Bohanan
	43 Clubhouse Drive
	Marie T. Bohanan 43 Clubhouse Drive Palm Coast, FL 32137 Pd street address of the pay registered egent (if changed) and /or registered office (if
6. The name a changed):	Marie T. Bohanan 43 Clubhouse Drive Palm Coast, FL 32137 Ind street address of the new registered agent (if changed) and /or registered office (if Milam & Howard, P.A. 50 North Laura Street, Suite 2900-
	50 North Laura Street, Suite 2900- (P.O. Box or personal mailbox NOT acceptable)
	Jacksonville, FL 32202
The street addragent, as chang	ess of its registered office and the street address of the business office of its registered ed will be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. Lawrence Prof. (Printed or typed name and title)
I hereby accept I further agree performance of registered ager office address, If signing on beha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as I. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change. 7/25/02 (Date) If of an entity:
(Typed or Printed Name) (Capacity)

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