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Suite 318 Boca Raton, FL 33487 (954) 757-1114

March 3, 2002

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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Dear Sir or Madam:

Please file the enclosed statement changing the Registered Office and Registered Agent. The \$35.00 filing fee is enclosed. Thank you for your assistance in this matter.

Sincerely,

Erik Hoffman

President

For E.N. Educators, Inc.

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SECRETARY OF STATE

looks,

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 <u>Florida</u> 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: E.N. Educators, Inc.
2. The mailing address of the corporation: 5280 NW 2nd Ave. #318
Boca Raton, FL 33487
3. Date of incorporation/qualification: 3/10/2000 Document number: POO000026993
4. The name and address of the current registered agent and office:
Erik Hoffman
109 Winged Foot Lane
Boca Raton FL 33431 FE R
5. The name and address of the new registered agent and registered office (P. O. Box Not Acceptable)
DANIEL G. GAIS ESQ
10001 NW 50 ST. , #204
SUNGISE S33321
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.
3-1-02
(Signature of an officer, chairman or vice chairman of the board) (Date)
Erik Hoffman - President (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 am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Signature of Registered Agent) (Date) If signing on behalf of an entity; And C. GASS (Typed or Printed Name) (Capacity)
If signing on behalf of an entity;
DANGEL G. GASS Registral Agent,
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314