Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (305)672-0686

: (305)672~9110 Fax Number

## REGISTERED AGENT CHANGE

NAP OF THE AMERICAS/WEST, INC.

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

Pursuant to the provisions of section 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 is:	NAP of	the Americas/	West, Inc.		
2. The principal	office address: 2	601 Sout	h Bayshore D	rive, Suite 900		
Miami FL 3						
3. The mailing a	address (if differen	t):				····
					····	
	poration/qualificati		4/26/2000	Document Number:		
5. The name and Florida Depart	d street address of transmit of State:  Robert Sichta	the curre	nt registered a	gent and registered office	on file with t	he
	2601 South Bays	hore Dri	ve Ninth Floor			
	Miamj FL 33133					0
	d street address of	the new	registered ager	nt (if changed) and /or rep	· · · · ·	
(if changed):	Corporate Creatie	ons Netw	ork Inc.		<b>全</b>	
	11380 Prosperity				ASS ASS	ᄑ
		(P.O. B	ox Not acceptable)		<u> </u>	
	Palm Beach Gard	* .			<u></u>	2 [
The street addragent, as change	ess of its registered will be identical	d office	and the stree	t address of the business	office of its	registered.
authorized by th	e board, or the cor	resolutio poration	n duly adopte has been notif	d by its board of direct fied in writing of the char	ıge.	
(Signat	ure of an officer of direc	tor)	<del></del>	A. Hann rd. ASSA (Printed of Typed)	name and title)	ant-
I further agree performance of agent. Or, if the hereby confife,	to comply with my duties, and I at Associate to the Associate Associate to the Associate to	the prov n familio ing filed n has be	visions of all ar with and acc merely to refl	agree to act in this capac statutes relative to the cept the obligation of my ect a change in the regis vriting of this change.	proper and o position as re tered office ac	egistered
If signing on be	half of an entity:					
Tajolo (Type	ed or Printed Name)		<del></del>			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686