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(Requestor's Name)	-
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(Business Entity Name)	-
(Document Number)	
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SANGETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: DUNOUOF d loc. (Name of corporation) DOCUMENT NUMBER: POODON 43321
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:
John H. Woni (Name of person)
Oynoworld Inc. (Name of firm/company)
201 NE (VOIVEOVEST Ct. (Address)
Boca Rato FL 33432 (City/state and zip code)
For further information concerning this matter, please call:
100 H. Normi at (50) 339-508 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

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

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

TO: Amendment Section

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: DUYOUOT ON INC.
2. The principal office address: DINE WAVECREST CT.
Boca Raton, FC 33432
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/1/2000 Document number: COODS 33
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
200 KOUTO RO ST. 112
Pounton Reach, Ft. 33436
John H Nonni
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): 201 NE Wavecrest Ct.
(P.O. Box or personal mailbox NOT acceptable)
John H. Monni
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. (Signaturator an officer, charman or vice chairman of the board) (Printed or typed name and title)
Thereby 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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 *** Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314