## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: OSSINSKY & CATHCART, P.A.

Account Number : I20010000178

Phone Fax Number : (407)629-2484 : (407)629-4429

## REGISTERED AGENT CHANGE

NAOMI INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

## 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 6. the undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered office or re	<u> </u>
the State of Florida.	
1. The name of the corporation : NAOMI INTERNATIONAL, INC.	
2. The mailing address of the corporation:	
11350 Space Blvd, Unit #1, Orlando, FL 32837	
3. Date of incorporation/qualification: 5/11/00 Document nu	mber: <u>p00000047284</u>
4. The name and address of the current registered agent and office:	DZ MN
GENEVIEVE MENAGED	<b>一                                    </b>
14249 Sports Club Way	- STE P T
5. The name and address of the new registered agent (if changed) and/or regist (P. O. Box Not Acceptable)	
JOSEF ZEKRI	· · ·
Orlando, FL 32837	
The street address of its registered office and the street address of the busine agent, as changed, will be identical.	
Such change was authorized by resolution fluly adopted by its board of direct authorized by the board.	tors or by an officer so
(Signature of an officer, chairman of the board)	April 24 2002 (Date)
GENEVIEVE MENAGED, President (Printed or typed name and title)	-
Having been named as registered agent and to accept service of process for corporation, I hereby accept the appointment as registered agent and agree of further agree to comply with the provisions of all statutes relative to the proper formance of my duties, and I am familiar with and accept the obligation of egistered agent.	the above stated to act in this capacity, oper and complete of my position as
5/8	07.
(Signature of Registrated Agent) (Dale)	
f signing on behalf of an entity:	
(Typed or Printed Name) (Capac	city)
•	

CR2E045(9/00)

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