P00000054176

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000095155520

04/02/07--01019--012 **35.00

TILEU

OT APR -2 PM 2: 27

NEUREJARY OF STATE
ANTIGHASSEE, FLORIDI

Ø)

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Croquet Enterprises, Inc (Name of Oproporation)
DOCUMENT NUMBER: P60000 5417 6
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:
Bobb Segal (Name of Contact Person)
CROQUET ENTER PRISES INC (Firm/Company)
700 FLORIDA MANGO ROad (Address)
W. P. B., FL 33406 (City/State and Zip Code)
For further information concerning this matter, please call:
Poloh Segal (Name of Contact Person) at (56) 478 2300 (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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Ω \cdot
1. The name of the corporation: Croquet Enterprises, Inc.
2. The principal office address: 700 Harda Mango Roal W. P. B. Fl 33406
3. The mailing address (if different):
1/da
4. Date of incorporation/qualification: 6/5/2000 Document number: 4000000 547 L
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Interstate Reg. agent Corp
701 Brickell ave No: 3000
Mini Pl 33131 Pg 9
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):
Dobbi Segal = m
700 Flore da Mango Rd SE 23
WPB, R 33406
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.
(Printed or typed name and title)
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the dorporation has been notified in writing of this change.
(Signature of Registered Agent) 3/30/07 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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