## P0000054583

•							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



500012224005

02/17/03--01031--010 \*\*35.00

03 FEB 17 ANII: 18

Ps 3/2/52

## TRANSMITTAL LETTER

SUBJECT: SOFTRIM CORPORATION
(Name of corporation)
Name of corporation)  DOCUMENT NUMBER: P000005483
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:
GURCHARN DANG (Name of person)
(Name of person)
SOFTRIM CORP  (Name of firm/company)
(Name of firm/company)
3443 Pine Ridge Rol (Address)
(Address)
Maples, Fl 34/09 (City/state and zin code)
(City/state and zip code)
For further information concerning this matter, please call:
G. Dong at (239) 253 9336 (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Tuelland in a #25 00 already may do may while to the Demonstracent of State

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

TO:

Amendment Section Division of Corporations

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

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

-- - - -----

this statement of	e provisions of sect of change is submitte	ed for a corpor	ation organiz	zed under the la	ws of the State of	r
<u>f lo</u> Rı of Florida.	D12 in order to c	change its regi	istered office	or registered a	igent, or both, in	the State
•	the corporation:	501	ETRII	n co	RPORAT.	701)
2. The principal	l office address:	3443	PINE	RIDGE	RD	
-NQ	PLES, F	= P = =	34109	7		<u>ය</u>
	address (if different)				AH	
4. Date of incor	rporation/qualification	on: Sugne 6	6, 2000	Document nur	nber: $Poon 0$	oco
	d street address of the transmitted description of the street of State:				5	the $\Theta$
	GURCA	HARN	SING	H DA	NG	
	2804	Del	Prad	6 B1	id Suite	102
					33904	
6. The name as changed):	nd street address of	the new regis		• •	nd /or registered of	office (if
	3443				RD	
	Cape	NAIL	ES	FL_	3410	9
_	ess of its registered sed will be identical					
	as authorized by reside board, or the cor					
Signature of an office	r, chairman or vice chairman	of the hoard		URCHARI	J SINCIA	_DANG
I Kereby accept I further agree	t the appointment as to comply with the f my duties, and I an it. Or, if this docun I hereby confirm th	registered ag	gent and agre	e to act in this clative to the pr the obligation o reflect a chan n notified in wi	capacity. oper and comple of my position as ge in the register iting of this chan	te
_ but	and Smyll	my		2/	12/03	
If sighing on beha	Signature of Registered Agent lf of an entity:			(Date)		
	Typed or Printed Name)			(Canacit	Δ	<del></del>

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