

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 : (305)716-0346 Fax Number

REGISTERED AGENT CHANGE

E & D SUPPLY, CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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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 HOY 1009 in order to change its registered affice or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: ELD Supply, Curp. |
| 2. The principal office address: 6005 pw 37 ave High ft 33178 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 06/21/2000 Document number: P000000001 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Rubey Dia Z 6015 PW 87 ave Hiahi FL 33178 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Connection Dia 7 Connection Consequence Consequ |
| 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. Pescept the change of an officer or director) [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 corporation has been notified in writing of this change. |
| (In and The Transfer The Control (Signature of Registered Age) The Control (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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

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