

0000069560

CSC

ACCOUNT NO. : 07210000032

REFERENCE

COST LIMIT : \$ 35.00

ORDER DATE: August 5, 2002

ORDER TIME : 9:42 AM

ORDER NO. : 692875-035

900006915859--1

CUSTOMER NO:

4303929

CUSTOMER: Mr. Daniel Sanchez-galarraga

Greenberg Traurig, P.a. 1221 Brickell Avenue

21st Floor

Miami, FL 33131-3238

CHANGE OF AGENT

NAME: KATALYX, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER:

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

-	ovisions of sections 607.0502, 61 rporation organized under the law.			la Statutes,	
_	ng statement in order to change it.	•		or both, in	
1. The name of the	corporation : KATALYX, INC.			- · - ·	≟ *#** *
2. The mailing add	ress of the corporation : 1221 Bri	ckell Ave, Suite	1200, c/o Patrici	a Menendez,	
			. 2	1 S S	-
-	ration/qualification:July 20, 20	·	nt number: P000000	器。	-
4. The name and ad	ldress of the current registered ager	nt and office:			三
Cor	pdirect Agents			SEE O	LED
103	N. Meridian Street			GE FLOR	
Tal	lahassee, FL 32301			经二	
5. The name and ac	Idress of the new registered agent (P. O. Box Not	- ,	registered office (if	changed):	
Cor	poration Service Company				
120	l Hays Street				
Tal	lahassee, FL 32301			- 1	
	of its registered office and the stre will be identical.	et address of the b	usiness office of its	registered	
Such change was a authorized by the b	uthorized by resolution duly adop oard.	ted by its board of	directors or by an o	fficer so	
P.M	Can		$\frac{6/28/02}{\text{(Date)}}$	2	
(Signature of ar	officer, chairman or vice chairman of the bo	ard)	(Date)		
Patricia Menendez	Cambo SECRETARY (Printed or typed name and title)				
Having been name corporation, I here I further agree to c performance of my registered agent.	d as registered agent and to accept by accept the appointment as region omply with the provisions of all statics, and I am familiar with an	nt service of proces stered agent and a atutes relative to t d accept the obliga	ss for the above state sigree to act in this c the proper and comp ation of my position	ed apacity. slete as	•
(Signa	usle Cullo ture of Registered Agent)	8	(5) (Date)		
If signing on behalf of	an entity:				
Maureen Cullen		Asst	. Vice President		
(Туре	d or Printed Name)		(Capacity)		
	* * * FILING FEI	E: \$35.00 * * *			

CR2E045(9/00)