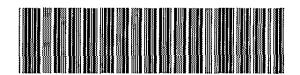
P00000083939

Requestor's Name)
(Requestor's Name)
1467 Capital a. Nu
(Address)
Telechessee, Houda
(Address)
850-5759605 3230 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP . WAIT MAIL
·
(Business Entity Name)
(Document Number)
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DIVISION OF CORPORATION

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3/14/03

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,
the undersigned corporation organized under the laws of the State of Howa
submits the following statement in order to change its registered office or registered agent, or both, in
1. The name of the corporation: ADVANCED Graphics Technologies, Inc
1. The mane of the desperation . The mane of the desperation .
2. The mailing address of the corporation: 1467 Capital Ca. Nw
Jourhassee, Horina 32303
3. Date of incorporation/qualification: SPT62000 Document number: P00000083939
4. The name and address of the current registered agent and registered office:
_
Nugh M. Boog 3930 CATES Ave
Talenhossee Florida 32310 ===
5. The name and address of the new registered agent (if changed) and /or registered office (if changed): (P.O. Box NOT Acceptable)
Carla E Keldie
3930 CATES Ave
ALLAhresce Storion 32310
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.
authorized by the board. Many M. Brag 3/14/03
(Signature of an officer, chairman of vice chairman of the board) (Date)
Hurl na hara Resignation
Hugh M. Boar Wast DSHT. (Printed or Typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Contact Revous (Signature of Registered Agent) If signing on behalf of an entity: Contact Keldie (Typed or Printed Name) (Capacity)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(1)pot of Filmed Filmer, (Capacity)

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