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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	<u>AMENDMENTS</u>	E OF S
Profit	Amendment	Officer/Director 5
Not for Profit	Resignation of R.A.	, Ollioth Bilottoi
Limited Liability	Change of Register	
☐ Domestication ☐ Other	Dissolution/Withdra Merger	awal
OTHER FILINGS	REGISTRATION/QU	ALIFICATION NOTES
☐ Annual Report	☐ Foreign	ALIFICATION a Solve of the second of the sec
☐ Fictitious Name	Limited Partnership	
	Reinstatement Trademark	
	Other	10 x 0
		Examiner's Initials

CR2E031(7/97)

AGENT OR BOTH FOR CORPORATIONS Piersuant 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 ____FLorida submits the following statement in order to change its registered office or registered agent, or both, in thè State of Florida. FLAGShiD 1. The name of the corporation:____ Po Box 151082 2. The mailing address of the corporation:____ 32965 BEACh Document number: 3. Date of incorporation/qualification: 4. The name and address of the current registered agent and office: Schietzibein 5EAch 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable) Nicholas VEVO 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. (Signature of an officer, chairman or vice enairman of the board) 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. If signing on behalf of an entity: NICHOLAS (Typed or Printed Name) * * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS