KRM CORPORATION

P00000091838

October 20, 2000.

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

5000003453635---4 *****35.00 *****35.00

RE:

KRM Corporation

Document Number P00000091838

Dear Sir/Madam:

Please change the corporate mailing address of the referenced corporation to:

KRM Corporation 6550 North Federal Highway Suite 330 Fort Lauderdale, FL 33308

Thank you for your attention to this matter.

Sincerely,

KRM CORPORATION

Donald J. Clinton, CPM

President

RA address Clg.

V. SHEPARD NOV 16 2000

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

	he provisions of sections 607.050			Statutes,
	ed corporation organized under th llowing statement in order to cha orida.	•		both, in
-	f the corporation : KRM Cor	poration	ė.	
2. The mailing	address of the corporation: 65	50 North Feder	al Highway, Süite	330
	Fo	rt Lauderdale,	FL 33308	
3. Date of inco	orporation/qualification: 09/28	/00 Docu	ment number: P000000	1838
4. The name ar	nd address of the current registered	d agent and office:		
	Donald J. Clin	ton	•	⊒
	1200 North Fede	eral Highway,	Suite 111	NAIG IAIG
	Boca Raton, FL	33432		Nision of
5. The name an	Boca Raton, FL ad address of the new registered as (P. O. Box	gent (if changed) and Not Acceptable)	or registered office (if cha	nged): o
	Same			3
	6550 North Fede	eral Highway,	Suite 330	တဲ့
	Fort Lauderdale	, FL 33308		3
The street addragent, as chang	ess of its registered office and the ed, will be identical.	e street address of th	e business office of its reg	istered
Such change wanthorized by the	as authorized by resolution duly the board.	adopted by its board	of directors or by an offic	er so
(Signature	of an officer, chairman or vice chairman of	the board)		
Donal	d J Clinton Presiden (Printed or typed name and title)	ı t		
	med as registered agent and to c sereby accept the appointment as to comply with the provisions of my duties, and I am familiar wit		ocess for the above stated ad agree to act in this capa to the proper and complet ligation of my position as	icity. e
See Abou	IC ignature of Registered Agent)		(Date)	
If signing on behal			(Zaio)	
(1	Typed or Printed Name)	<u>:</u>	(Capacity)	

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

P.O. Box 6327