P.00000100492

| (Requestor's Name) | _ |
|---|---|
| | |
| (Address) | |
| | _ |
| (Address) | |
| (City/State/Zip/Phone #) | _ |
| (City/State/Zipir Horie #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | _ |
| | |
| (Document Number) | _ |
| | |
| Certified Copies Certificates of Status | _ |
| | _ |
| Special Instructions to Filing Officer: | 1 |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



900064146029

01/20/06--01058--007 **35.00

DIVISION OF CORPORATION OF JAN 20 PH 4: 23

RO Change
1/26/06

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Florick Interdational Corporation (Name of Corporation) |
| DOCUMENT NUMBER: P00000 100 492 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person) |
| Florick International Corporation |
| 6530 W. Rosers Circle #29 |
| BUCA RATON FC. 33487 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (56/) 999 0745 (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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 Florida. in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: FLORICK INTER WATIONAL CORPORATION |
| 2. The principal office address: 6530 W. Rogers Circle Suite 29 Buch RATON FL 33487 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 10 · 2 4 · 2000 Document number: Poosoo100492 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Alchard Anner |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Character |
| 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. ANEL PES (Signature of an officer of 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. |
| Thusaure of Registered Agent) 1-17-06 (Date) |
| (Signature of Registered Agent) (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)