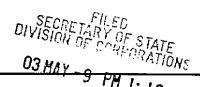
## 100/03560 DIVISION OF COMPORATIONS



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RA Chg.

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NORAM DIVIDE, INC.
(Name of corporation)
DOCUMENT NUMBER: P00000103560
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:
JOHN CASKEY
(Name of person)
NORAM DIVIDE, INC. (Name of firm/company)
100 NORTH TAMPA STREET SUITE 3575 (Address)
TAMPA, FLORIDA 33602  (City/state and zip code)
For further information concerning this matter, please call:
JOHN CASKEY at ( 813 ) 224-0228  (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

			2, 607.1508, or 617.15	
		=	anized under the laws of ice or registered agent,	
of Florida.	m order to ch	ange no regionered on	ice or registered agent,	or both, in the state
	the corporation:	NORAM DIVIDE, II	VC.	OL.
	l office address:	100 N. TAMPA ST	REET, SUITE 3575	6
		TAMPA, FLORIDA	33602	The state of the s
3. The mailing	address (if different):			<u> </u>
4. Date of incom	poration/qualification	:11/03/2000	Document number:	P00000103560
	d street address of the rtment of State: ARIS NEWION	current registered ager	nt and registered office o	on file with the
	1 IMESON PARK E	OULEVARD, BUILDIN	IG 100	
	JACKSONVILLE, F	L 32218		
6. The name and changed):	nd street address of t	ne new registered age	nt (if changed) and /or	registered office (if
		REET, SUITE 3575  Box or personal mailbox NOT	acceptable)	
	TAMPA, FLORIDA	33602		
The street addreagent, as change	ess of its registered of ed will be identical.	fice and the street add	ress of the business offi	ce of its registered
Such change wa authorized by the	as authorized by resolue by areas are the corporate to the corporate the	ution duly adopted by ration has been notifie	its board of directors or ed in writing of the chan	r by an officer so ige.
(Signature older durcer	, chairman or vice chairman of	R. Pa	rk Newton III Ch (Printed or typed name and titl	airman
I hereby accept I further agree performance of registered agen office address,	the appointment as r to comply with the pr my duties, and I am i t. Or, if this document I hereby confirm that	gvisions of all statutes amiliar with and acce at is being filed merely the corporation has b	gree to act in this capace relative to the proper a pt the obligation of my to reflect a change in the notified in writing of the control of	ity. and complete position as he registered of this change.
	ignature of Registered Agent)  f of an entity:		(Date)	·
	<u>-</u>			
(T)	'yped or Printed Name)		(Capacity)	

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