## P00000114815

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	 MAIL 
(Business Entity Name)	
<u> </u>	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	<u> </u>
Special instituctions to Patrig Onicer.	

Office Use Only



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08/15/05--01023--012 \*\*35.00



T. Smith AUG 1 7 2005



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Poca Semi con la 170/ (Name of corporation)
DOCUMENT NUMBER: P 0000 0 / / (/8/5
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:
L-SCH-RUSEN HEI/ (Name of contact person)
Bora Semi Conductor Wiff
751 Park of Commence Drive Suite 12
Bocalluton, F1 33487 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) (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
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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
statement of change is submitted for a corporation organized under the laws of the State of for the change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Do Ca SCIVIL CON ULI TO 1901977
2. The principal office address: 751 Parkot Commune Prive Suit
Boca Ratan, F(3348)
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/15/00 Document number: Pooo 0/148/5
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: Scott Roseast Plu
1200 S. Logeus Circle & 19#12
2000 Rotan A1221187
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Scottkosensten
751 Dark of Commerce Drive Suite 120
(P.O. Box NOT acceptable)
Buca Keltin, #19940/
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.
Scott Para Lo.
(Signature of an officer or director) (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.
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.
corporation has been notified in writing of this change.
B /1/000 5
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
-S-cott RosenStein = =
* * * FILING FEE: \$35.00 * * *
PILITY FEE. 555.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314