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October 4, 2001

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Dana McKinnon, Director
Division of Corporations
Room 2001
The Capitol
Tallahassee, Florida 32301

Re: Triple Dips, Inc.
Our File No. 01-0253

FILED
01 OCT 11 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed herewith please find a check in the amount of \$35.00 payable to the Secretary of State for the change of Registered Agent of the above referenced corporation.

Should you have any questions, please do not hesitate to call.

Sincerely,

Michael J. McDermott, Esquire

MJM\jwj
Enclosures

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DIVISION OF CORPORATIONS

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Spayre
10/16/01

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, 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 the State of Florida.

1a. The name of the corporations is: TRIPLE DIPS, INC.

1b. The mailing address of the corporation is: _____

Triple Dips, Inc.
5017 Wesley Drive
Tampa, FL 33647

1c. Date of Incorporation: January 9, 2001 Document number: P01000003097

2. The name and address of the current registered agent and office:

Daniel Byrne
5017 Wesley Drive
Tampa, FL 33647

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Michael J. McDermott
791 W. Lumsden Rd.
Brandon, FL 33511

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]
(Signature of an officer, chairman or vice chairman of the board)

10-4-01
(Date)

Dominic L. Pioli Jr. SECRETARY
(Printed or typed name and title)

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.

[Signature]
(Signature of Registered Agent)

10-3-01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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TALLAHASSEE, FLORIDA