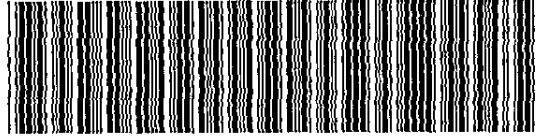


P01000016200

(Requestor's Name)

(Address)

(Address)



100025825171

ADAM HOSEIN
(Name of person)

ADAM H. Equipment Suppliers, INC.
(Name of firm/company)

1903 SW 132 way
(Address)

DAVIE FL 33325
(City/state and zip code)

For further information concerning this matter, please call:

Sharon Tayler
(Name of person)

at (954) 224-9251
(Area code & daytime telephone number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 12 AM 10:28

FILED

Office Use Only

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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: ADAM H. Equipment Suppliers, Inc.
2. The principal office address: 1903 SW 132 way
DAVIE, FL 33325
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-13-2001 Document number: PO1000016200
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARC A. WITES
1761 Hillsboro Blvd (West) Suite 403
Deerfield Beach, FL 33442

6. The name and street address of the new registered agent (if changed) and ☒ registered office (if changed):

Sharon Tayler
1903 SW 132 way
(P.O. Box or personal mailbox NOT acceptable)
DAVIE, FL 33325

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TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer or director)

ADAM HOSGIN - PRESIDENT
(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.

[Signature]
(Signature of Registered Agent)

1-1-04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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