<u>10000025021</u>	
B37104514660 Phone 786 245-8660 W INVESTORS COMM. GROUP 6355 NW 36TH ST STE 202	<u>§</u> 00008663608
IRGINIA GARDENS State FL ZP 33166	<u> </u>
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	02 NOV - 1 PH 12: 17 ALLAHASSEE, FLORIDA
Office Use Only	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: BNA	Group III IAC.
(Name of corporation)	
DOCUMENT NUMBER:	PO100025027 =

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:

OSE Perra (Name of person) Name of firm/company 355 NW 36 stree-(Address) #20 F1. 33166 (City/state and zip code)

For further information concerning this matter, please call:

ase Perg. (Name of person) at (rea 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

CR2E045(07/02)

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 Flavida _ in order to change its registered office or <u>regi</u>stered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 3 3 3. The mailing address (if different); 4. Date of incorporation/qualification: $\underline{3}$ POIOD 00 Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: $e \leq$ 6. The name and street address of the new registered agent (if changed) and /or registered affice changed): 壹 Ş-(P.O. Box or personal mailbox NOT acceptable) 1 Au Ca 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. es Ze (Printed or typed name and title) (Signature of an offic or vice chairman of the hoant

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 of Registered Agent) Date If signing on behalf of an entity: ena (Typed or Printed Name) (Capacity)

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

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