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Fax Transmission Cover Sheet

Number Faxed To: 914-493-5297 Date: 600004701606--2

12/03/01 01027-023
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To: _____ From: _____

Company: _____ Tel: _____

Regarding: _____

☐ Urgent ☐ Response Required ☐ For Your Review ☐ Please Comment

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PLEASE SEND BACK TO

ALEXANDER JACKSON CPA

3900 N OCEAN DRIVE SC

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33308

POA Charge

12-6-01

BAS

FILED
01 DEC -3 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, 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.

1. The name of the corporation : ROOMS FOR LESS INC - NORTH
2. The mailing address of the corporation : 1615 STATE ROAD 7
MARGATE FL 33063 - 5703
3. Date of incorporation/qualification: 3/16/01 Document number: PO100027641
4. The name and address of the current registered agent and office:

FRANK PANCHERI
1615 STATE ROAD 7
MARGATE FL 33063 - 5703

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

STEVE LOWENBERG
9400 LIVE OAK PLACE
FORT LAUDERDAL FL 33324

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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.

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

11-21-01
(Date)

Steve Lowenberg President
(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.

Steve Lowenberg
(Signature of Registered Agent)

11-21-01
(Date)

If signing on behalf of an entity:

STEVE LOWENBERG
(Typed or Printed Name)

PRES
(Capacity)

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