POIDOOD Requester's Name 5000 NW 74 A Address M7UM7, ElG. 33 City/State/Zip Phone #	2993 ve 3166	
	•	Office Use Only
CORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (if I	known):
1 (Corporation Name)	(Document #)	
	(,	
2(Corporation Name)	(Document #)	Azza
()	( <u> </u>	
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(Corporation Name)	(Document #)	1000052896718 -04/17/0201051014 ******35.00 ******35.00
(Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
<u>NEW FILINGS</u>	AMENDMENTS	
Profit	Amendment	TAL TAL
<ul> <li>Not for Profit</li> <li>Limited Liability</li> </ul>	Resignation of R.A Change of Registe	A., Officer/Director
Domestication	Dissolution/Withd	
Other	Merger	
OTHER FILINGS	<b>REGISTRATION/QU</b>	
Annual Report	<b>F</b> oreign	
Fictitious Name	Limited Partnershi	p
	Reinstatement Trademark	
	Other	4/19/02
		En la construction
CR2E031(7/97)		Examiner's Initials 7- Lewis

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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  $f/\sigma R_{ID} H$  submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

POFTINARE INC. 1. The name of the corporation :

5060 NW 74 AVE 2. The mailing address of the corporation : Document number: <u>P01000099935</u> 3. Date of incorporation/qualification: 4. The name and address of the current registered agent and office: 3166 5. The name and address of the new registered agent (if changed) and/or registered office (if changed (P. O. Box Not Acceptable) 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 of an officer, chairman or vice chairman of the board) <u>EE 0</u>

(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.

regisierea ageni.	A A
	04/12/02
(Signature of Registered Agent)	(Date)
	<b>2</b>

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

CR2E045(	9/001

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314