LAW OFFICES OF

MANDINA & ASSOCIATES, P.A.

825 BRICKELL BAY DRIVE TOWER 3, SUITE 1847 MIAMI, FL 33131

PH: (305) 358-8226 - FAX: (305) 358-1177

December 5, 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re :Old School Enterprises, Inc.

Dear Division of Corporations,

Enclosed please find executed form and check in the amount of 35.00 pursuant to your request.

Thank you for your time and attention to this matter.

Sincerely yours, DICTATED BUT NOT READ

Joseph J. Mandina, Esquire JJM/ts

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of Forigat
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: Old School Enterprises, Inc.
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2. The mailing address of the corporation: 10000 Sheridan Street, Ste 309, Pembroke Pines, FL 33024
3. Date of incorporation/qualification: 5/17/01 Document number: P0100044549
4. The name and address of the current registered agent and office:
Joseph J. Mandina, Esq.
1110 Brickell Ave, Sute 805
Miami, FL 33131
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Joseph J. Mandina Esq.
825 Brickell Bay Drive Ste 1849
Miami, FL 33131
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) (Date)
(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 tregistered agent.
(1)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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