P01000067666

Lantagy Biz 2385 Executive Center Privile Ste 100 Poca Raton, Fi 33431

CA address Change

100004547771--7 -08/22/01--01006--001 *****35.00 ******35.00

Rbiloi

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

the undersigned corporation organized under the laws of the State of
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: FantasyB12 Inc.
2. The mailing address of the corporation: 13090 1/15 ta 15/e Dr -#121
Survise FL 33325
3. Date of incorporation/qualification: July 2, 200/ Document number: Do 1000 67666
4. The name and address of the current registered agent and office:
Caula Ala di
- Course Naciel = ==================================
13090 Usta Isle D+121
Sunrise, Fl. 33325
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
Both Agent & office (P.O. Box Not Acceptable)
2385 Executive dontered GET FLOO
Base Rate El 200
- Doca Raton, FL 3343)
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 1
authorized by the board
(Signature of an officer chairman of vice chairman of the books)
(Signature of an officer chairman of the board) (Date)
Gayle Nadler-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.
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.
- Sayle //adler 8/17/01
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314