## PM100069914

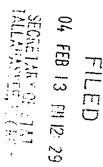
logence, Inc. Suite 610 1000 North Ashley Drive Tampa, FL 33602-3723 (813) 849-1103				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of S	Status			
Special Instructions to Filing Officer:				

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100026048991

02/13/04--01005--011 \*\*35.00



RA Change / 2/01

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

	provisions of sections			
	l corporation organized owing statement in orde			•
the State of Flor	<del>-</del>	er to change its regist	erea office or registe	rea agent, or both, th
•	the corporation: /o	GENCE . INC.		
			~ · ·	_
	address of the corporation			n= 600,
	PA, FL 33602			
3. Date of incom	rporation/qualification:	7/16/01	Document number	r: Polpood 9914
4. The name and	d address of the current	registered agent and r	egistered office:	ES T
	erica Santa de la Carresta de Car	The same of the sa	and the second s	
-		· · · · · · · · · · · · · · · · · ·	· -	
•				
		<u> </u>		
5. The name and	d address of the new reg	gistered agent (if chang P.O. Box <b>NOT</b> Accept		d office (if changed);
	<u> </u>	*	aoie)	
	ROBIN C.			-
-		ISHLON DR. SI		-
	TAMPA FL	33602		-
	ess of its registered offi ed, will be identical.			
Such change wa	as authorized by resolu- ne board.	tion duly adopted by	its board of directors	or by an officer so
				4/04
(Signature	of an officer, chairman or vice	chairman of the board)	<u>, , , , , , , , , , , , , , , , , , , </u>	(Date)
Rose	C. Hoovek			
	(Printed or typed name a	•	- `s	
Having been no corporation, I h	med as registered ager tereby accept the appoi	nt and to accept servi intment as registered	ce of process for the agent and agree to a	above stated ect in this capacity.
I fürther agree performance of	threa as registered ager tereby accept the appoi to comply with the prov my duties, and I am far	visions of all statutes : miliar with and accep	relative to the prope of the obligation of m	r and complete by position as
registered agen	t.	•	,	,
_ CO	ignature of Registered Agent)	/ / / / / · / · · · · · · · · · · · · ·	2 /c	1/04
•	-		(Date)	
If signing on behal	1 of an entity:			
	Typed or Printed Name)		(Capacity)	

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