P01000086849

LAW OFFICES
BECKER & POLIAKOFF, P.A.

3111 Stirling Road Ft. Lauderdale, Florida 33312-6525

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document#) 100067309418 -07/29/0201078011 ****105.00 *****35.00
(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
□ Walk in □ Pick up time □ Mail out □ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark
CR2E031(7/97)	Other RARD Chounge Examiner's Initials 10 8 402

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

	e provisions of sections 60 d corporation organized w		507.1508, or 617.1508, Florida Statutes _{State of} Florida	î,
	lowing statement in order		red office or registered agent, or both, i	n
1. The name of	f the corporation: LFPV, I	Inc.		
2. The mailing	address of the corporation	. P.O. Box 13143, Ft	. Lauderdale, Florida 33316	
	*			
3. Date of inco	orporation/qualification: F	lorida	Document number: P01000086849	
4. The name a	nd address of the current re Robert Burnett	gistered agent and off	fice:	
	3111 Stirling Road, Ft. La	auderdale, Florida 333	12	
5. The name a		stered agent (if change O. Box Not Acceptal	ed) and/or registered office (if changed): ble)	
	Valciria Silva	t20		
	1800 Eller Drive, Ft. Lau	iderdale, Florida 33316		
agent, as chan	ged, will be identical.		ss of the business office of its registered	1
	e of an officer, chairman or vice ch	noisman of the board)	(Date)	
	chou, Vice President	iaithian of the board)	(Date)	
	(Printed or typed name and			
Having been a corporation, I further agree performance or registered age	named as registered agent I hereby accept the appoin e to comply with the provi of my ditties, and I am fam ent.	and to accept servic tment as registered a sions of all statutes r viliar with and accept	e of process for the above stated igent and agree to act in this capacity. elative to the proper and complete t the obligation of my position as	
	(Signature of Registered Agent)	P	3/7/02 (Date) F. 8	
If signing on bel	nalf of an entity:		AH.	
Valciria Sil			Consider S N	
	(Typed or Printed Name)		(Capacity)	FILED
	* * *	FILING FEE: \$35.0	10 * * * FSI	J
CR2E045(9/00)	Division of Corporations	P.O. Box 6327	TALLAHASSEE, FL 3231	