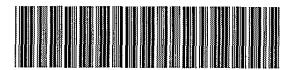
P01000097766

(Re	equestor's Name)	
International 6201 NW 12 Coral Springs	Adoption Res 0th Drive 5, FL 33076	ource, Inc.
	ty/State/Zip/Phone	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<u> </u>	





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RA Chg.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Concorde broup Worldwide, Inc.
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rebecca Thurmond (Name of person)
Concorde Group Worldwide, Inc. (Name of firm/company)
6201 NW 120th Dr (Address)
Coral Spanas, FL 33076 (CityAtate and zip code)
For further information concerning this matter, please call:
(Name of person) at (954) 757-7030 (Area code & daytime telephone number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Enclosed is a \$35.00 check made payable to the Department of State.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 14, 2003

REBECCA THURMOND CONCORDE GROUP WORLDWIDE, INC. 6201 NW 120TH DR. CORAL SPRINGS, FL 33076

SUBJECT: CONCORDE GROUP WORLDWIDE, INC.

Ref. Number: P01000097766

We have received your document for CONCORDE GROUP WORLDWIDE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Document Specialist

Letter Number: 703A00016188

03 MAR 28 AM 9: 34 SIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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,
this statement of change is submitted for a corporation organized under the laws of the State of
FIONAL in order to change its registered office or registered agent, or both, in the State
1. The name of the composition: Comprete Group Way Id wide, Inc.
2. The principal office address: 9900 W. Sample Rd. Jute 300
Coral Springs FL 33045
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/102 Document number: PO1000 9776
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company 3 %
1201 Hays Street
2
Tallanassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Rebecca Thurmond & &
(20) NW 120+h Dr. (B.O. Box or personal mailbox NOT acceptable)
Coral Springs FL 330165 33076
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 stuly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer, chairman or vice chairman of the board) Lehecca Thurmond - Sesident (Printed or typed name and trite)
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 familian with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, thereby confirm that ife corporation has been notified in writing of this change.
office address. Thereby confirm hat the corporation has been notified in writing of this change.
X Sur 3.16.03
(Signature of Registered Agent) If signing on behalf of an entity:
Repecca Thurmond Iresident
(Typed or Printed Name) (Capacity)

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