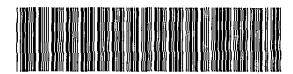
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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Consideration to Filling Office |
| Special Instructions to Filing Officer: |
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Office Use Only



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FILED

05 MAY 31 PM 12: 26

SECRETARY OF STATE.

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1JUN 02 2055

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: SAMSWMA INVISION INC. (Name of corporation) |
| DOCUMENT NUMBER: P0/00/04 974 |
| 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: |
| Domingo R. Cintron (Name of contact person) |
| Bamsoma In Vestment inc. |
| 6952 Hyland Oak Dr |
| Orlands 1- 32818 (City/state and zip code) |
| For further information concerning this matter, please call: |
| Donning R. Cintor at (407) 292-5111 (Name of contact person) (Area code & daytime telephone number) |
| (Name of contact person) (Area code & daytime telephone number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |

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

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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 in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Samsany iNestenents INC |
| 2. The principal office address: 13827 Hauklake 4R. oRlando, fl., |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 10/30/2001 Document number: 00/00/049- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| 6. The name and street address of the new registered agent (if changed) and /or registered office SEE FLORING OF STATE O |
| 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, or the corporation has been notified in writing of the change. April 1 |
| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been natified in writing of this change. |
| (Signature of Registered Agent) S 2 S O S (Date) |
| Orning on behalf of an entity: |

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