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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Scan America USA INC. (Name of corporation)
DOCUMENT NUMBER: / 1/3 0 1/1/3 893
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:
(Name of person)
(Name of firm/company)
(Address) /222 S. Dale Mass # \$17
(City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (#3) 346-2652  (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 32314 Tallahassee, FL 32399

## 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  Like in order to change its registered office or registered agent, or both, in the State
of Florida
1. The name of the corporation:
2. The principal office address: 550 N. Rea H. Ju Jaa
Temps 62 73605 H
3. The mailing address (if different): 1221 I Will Mary 26/
Taylor 62 33628
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
KON E WALKER
1222 S. Och Krang 4617
Tage, EL 73629
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **R. S. Venacle**
(P.O. Box or personal mailbox NOT acceptable)
Tages, FL 33629
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.
(Signature of an officer, chairman or vice chairman of the board)  (Printed or typed name and title)
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 notified in writing of this change.
(Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
TRINITED SEASON (Capacity) (Capacity)

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