POIDC MATTHEW J VALCOURT, ESQ.		17309
138 107TH AVE # 299 TREASURE ISLAND, FL 33706		TA 82
City/State/Zip Phone		Office Use Only LOALE 22 72 52
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		of R.A., Officer/Director egistered Agent
OTHER FILINGS Annual Report Fictitious Name	REGISTRATIO Foreign Limited Parts Reinstatemer Trademark Other	
CR2E031(7/97)		Examiner's Initials ADR 7/30/02

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, the undersigned corporation organized under the laws of the State of $\underline{\Gamma LoRLOA}$ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Zowrec INCORPORATED

2. The mailing address of the corporation: <u>2501</u> ANVIL STO NORTH ST PETERS BURG, FL 33700

3. Date of incorporation/qualification: 12/10/2001 Document number: P01000117309

4. The name and address of the current registered agent and office:

MATThew J. VALCOURT, ESP 3437 TYRONE BLUD ST. PETERS BURG FL 33710 5. The name and address of the new registered agent (if changed) and/or registered office (if changed (P. O. Box Not Acceptable) స్త RackSTein M. Ś NORTH ANVILST PETERS BURG FL 33710

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.

(Signature of an officer, chairman or vice chairman of the board)

M. Rockstein president (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation. 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.

(Signature of Registered Agent)

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If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314