PDI000122030

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(Business Entity Name)		
(Document Number)		
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03/04/03-01017-012 **35.00

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R.A. Change

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

NC. SUBJEC DOCUMENT NUMBER: 101000122030

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:

assman USA Glas Sman (Name of firm ompany` Blvd. 03 BISCAL XOX <u>33180</u> City/state and zip code

For further information concerning this matter, please call:

time telephone number) (Name of person)

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

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 \underline{PDCiDD} 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:

3. The mailing address (if different):

- 4. Date of incorporation/qualification: <u>12/28/2001</u> Document number: <u>P0100012203</u>
- 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 offic changed):

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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 agent I further agree to comply with the provisions of all statutes a performance of my duties, and I am familiar with and accept registered agent. Or, if this document is being filed merely to office address, I hereby confirm that the corporation has been (Signature of Decistered Agent)	ree to act in this capacity. relative to the proper and complete t the obligation of my position as to reflect a change in the registered en notified in writing of this change.
If signing or behalf of an entity:	
(Typed or Printed Name)	(Čapacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314