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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Formed Family Involumed; In The Comporation (Name of corporation)
DOCUMENT NUMBER: PO 2000 13 4 846
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:
Fomul Family Investors Inc (Name of firm/company)
P.O. Bax 45
P.O. Box Y5  (Address)  N. Chatham, N7  (City/state and zip code)
ror further information concerning this matter, please call:
## Form d at (518 - 437 - 1879 (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

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pro change is submitted	l for a corporati	on organized und	er the laws of th	ne State of	Plon W	inis sidiemeni oj in order
to change its registe		_	_			
1. The name of the	corporation:	- Torme	1 -1-11	11/7 In	vymus	II LNCI
2. The principal off						
		1tene:	skys, 1	-6 330	3.3	<u> </u>
3. The mailing addr	ess (if different)	l:	<del>.</del>			<del></del>
4. Date of incorpora	ation/qualification	on: 12/27	/ 2001 Docu	ment number: _	P0200	0134846
5. The name and str	reet address of th	•				
Florida Departme			- 01	1		
_	hor	NUS E	-ch	epulos		_
	707	N Fr	guklan.	st., s	TE 275	7 9
	Tom	PA, PL	3340	2		LE THE
	•	•				蓝山山
<ol><li>The name and str (if changed):</li></ol>						所公 宝口
		Ph///rp 2415 (P.O. Box or pers	A	Formul	<u>.</u>	FLO
		21.15	C 15	cth 1	nt	· 智 8
		(P.O. Box or pers	const mailbox NOT ac	eceptable)	uri	
		Homesk.	nd, F	L 3	3033	
The street address changed will be ide	of its registered	office and the st	reet address of	the business of	Micē of its registe	ered agent, as
Such change was a the board, or the co						
the board, or the co						
(Signa	ature of an officer or	director)	<del></del>	D. A.	E O R U	uel Paes.
I hereby accept the I further agree to conduites, and I am fabeing filed merely been notified in wr	e appointment a comply with the miliar with and	s registered ager provisions of all accept the oblig	nt and agree to statutes relativ ation of my pos	act in this cape to the proper ition as registe	acity and complete pe cred agent. Or, i	erformance of my f this document is
been notified in wr	iting of this cha	nge in ine regisie inge.	теи однсе аааг	ess, 1 nereuy co	អព្ទហេរ រាយ បាខ co	**************************************
(1) X	Forme	€.		Mas	28, 200	4
(Sig	nature of Registered	Agent)			(Datc)	
If signing on behal	fof an entity:					
					<del>- ,-</del>	
(T)	yped or Printed Name	e)	_		(Capacity)	

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