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P. Randem Cenaho Inc. Po Box 829, Lake Worth, FL 33460

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	
2(Corporation Name)	O2 APR	
(Corporation Name)	(Document#) 23 AHI	Language Company
(Corporation Name) Walk in Pick up time	(Document #)	
☐ Mail out ☐ Will wait	Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	

Examiner's Initials

T BROWN APR 2 6 2002

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the following statement in order to change its re the State of Florida.	egistered office or registered agent, or both, in
1. The name of the corporation: CEMAKO INC	2
*	
2. The mailing address of the corporation: Po Box	(829, LAKE WORTH, FL33460
3. Date of incorporation/qualification: JAN 31, 200	
1. The name and address of the current registered agent a	and office:
PAUL RAMSDEN	
88528 MARGE COURT	
PAUL RAMSDEN BOYNTON BEACH, FL 33 The name and address of the new registered agent (if of P. O. Box Not Acceptable).	中36 changed) and/or registered office (if changed): ceptable)
STEPHEN MARSHALL	
5076 ARBOR GLEN CIRCL	e
LAKE WORTH, FL 3346	. ,
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board. Linda Kallman or vice chairman of the board.	U-8-02
MELINDA KAUFMAN, PRESIDEN	• •
(Printed or typed name and title)	
Iaving been named as registered agent and to accept sorporation, I hereby accept the appointment as registe further agree to comply with the provisions of all stativerformance of my duties, and I am familiar with and a egistered agent.	ervice of process for the above stated red agent and agree to act in this capacity. It is relative to the proper and complete recept the obligation of my position as
Stephan p marshin (Signature of Registered Agent)	4-8-02 (Date)
, c	(Date)
signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: :	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314