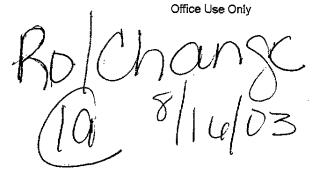
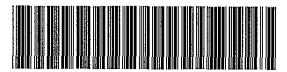
## PO200016044

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Authorized Changes  in the Pohm 8/14/3





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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: CONNECTIONS INVESTMENTS INC  (Name of corporation)  DOCUMENT NUMBER: PO20000 16044
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:
MARTH HANSON  (Name of person)  Connections Investments  (Name of firm/company)  4175 US Highway 1 #102  (Address)  Rockledge A 32955  (City/state and zip code)
For further information concerning this matter, please call:
Name of person) at ( 407 ) 933 1968 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Pursuant to the provisions of sect	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
<i>C</i>	ed for a corporation organized under the laws of the State of
from in order to a	change its registered office or registered agent, or both, in the State
of Florida.	0 0
1. The name of the corporation:	CONNECTIONS INVESTMENTS INC.
2. The principal office address:	4175 US Highway 1 4102
	ROCKLEDGE, A 32955
3. The mailing address (if different	):
4. Date of incorporation/qualification	on: FEB 2002 Document number: P 020000 16044
5. The name and street address of the Florida Department of State:	he current registered agent and registered office on file with the
mrty	in Hanson
1633	W. VIDE # 204
Lissin	nmez, FI 34744
6. The name and street address of	f the new registered agent (if changed) and /or registered office (if
changed): 4175	US Highway 1 #102
	03/114/11/11/11/12
Kock	(P.O. Box or personal mailbox NOT acceptable)
Mar	tyn Hanson
The street address of its registered agent, as changed will be identical	office and the street address of the business office of its registered
Such change was authorized by reauthorized by the board, or the cor	solution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.
(Signature of an ofliger, chairman or vice chairman	of the board) (Printed or typed name and title)
registerea agent. Or, it this aocun	s registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete m familiar with and accept the obligation of my position as nent is being filed merely to reflect a change in the registered at the corporation has been notified in writing of this change.
(Signature of Registered Agen	ر ایس است است است است است است است است است اس
If signing on behalf of an entity:	O PRINT ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
MARTIN HANSON	(Capacity)
(Typed or Printed Name)	, pro-
•	TIDANG PERS. 055.00
	AYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: PROPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314