

AUG-16-2005 TUE 11:22 AM TRIPP SCOTT, PA

FAX NO. 9547818475

Division of Corporations

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P02000021975

Florida Department of State
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To: Division of Corporations
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From: Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

GREENWOOD DESIGN GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

43.75

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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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GREENWOOD DESIGN GROUP, INC.
2. The principal office address: 426 EAST PALMETTO PARK ROAD, BOCA RATON, FL 33432
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 02/26/2002 Document number: P02000021975
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

HRAWG CORP.1801 N. MILITARY TRAIL, SUITE 200BOCA RATON, FL 33431

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

TRIPP SCOTT, P.A.110 SE 6th STREET, 15th FLOOR(P.O. Box NOT acceptable)FORT LAUDERDALE, FL 33301

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.

CHARLES GREENWOOD, PRESIDENT(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

08/10/2005(Date)

If signing on behalf of an entity:

JARRETT E. COOPER, ESQ.(Typed or Printed Name)

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

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

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