P02000022354

•						
(Requestor's Name)						
(Address)						
(100,000)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
_						
(Business Entity Name)						
(Document Number)						
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04/18/03--01064--001 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION

QA Chg.

TRANSMITTAL LETTER.

TO: Amendment Section Division of Corporations	
SUBJECT: OUTDOOR CAPITAL, INC. (Name of corporation) DOCUMENT NUMBER: P12000022354	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fill	ng.
Please return all correspondence concerning this matter to the following:	
Kim Boyle (Name of person)	
(Name of firm/company)	
55 EAST DEFAN BLVD.	
2+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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 se	ctions 607.0502,	617.0502, 607	.1508. or 617.150	08, Florida Statutes,
	•	tted for a corpora			
FLORIDA	=		_	_	or both, in the State
of Florida.		0 0	22	3	. 2 -
1. The name of t	he corporation:_	OUTDOO	R CAPITAL	, INC.	
2. The principal	office address:	416 SE BAL	BOA AVE.		e.
		STUART, FL			7
3. The mailing a	ddragg (if differe	26).			
5. The manning at	adiess (if differen	11.7			
4. Date of incorp	oration/qualifica	tion: <u>2/27/</u>	02 Do	cument number:	P02000022354
		the current regist	ered agent and	registered office o	on file with the
Florida Depart	tment of State:				
_		<u>Kirk Turne</u>	r		
_		416 SE Balb	oa Ave.		
_		Stuart, Fl	34994		
6. The name and changed):	d street address	of the new registe	ered agent (if	changed) and /or	registered office (if
		JOHN S. YUD	IN, ESQ.		
		GUY & YUDIN		·	-
_		55 EAST OCE (P.O. Box or personal m	AN BLVD. ailbox NOT acceptab	le)	
		STUART, FL	34994		
The street addres agent, as change	ss of its registere d will be identic	d office and the s	treet address o	f the business off	ice of its registered
Such change was authorized by the	s authorized by reboard, or the co	esolution duly ad orporation has bee		/	or by an officer so
(Signature of an officer,	chairman or vice chairm	an of the hoard)		ited or typed name and tit	2
			•	**	-
I furthér agrée to performance of i registered agent office addres	o comply with the ny duties, and I do not be not to the ny first documents from the new confirm to the new to	as registered age e provisions of all am familiar with a ment is being file that the corporati	l statutes relation and accept the ed merely to rejoin has been no	ive to the proper of obligation of my flect a change in otified in writing	md complete postition as the registered of this change.
(Sig	mature of Registered Ag	en)		(Date)	(0/02)
If signing on behalf	C.	•		(=, /	•
	YUDIN, ESO	•		ATTORNEY AT	LAW
	ped or Printed Name)		**	(Capacity)	

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