## Po200003551

FEDER & DUNN, P.A. 11575 HERON BAY BOULEVARD SUITE 309 CORAL SPRINGS, FLORIDA 33076

CR2E031(7/97)

100005763291--0 -06/12/02--01060--002 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

Examiner's Initials

| CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known) |
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|                      |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                   |
|----------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1.                   | (Corporation Name)                                                       | (Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SECOLULIA TO        |
| 2.                   | (Corporation Name)                                                       | (Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | E PLED              |
| 3.                   | (Corporation Name)                                                       | (Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PR 3: 51 E, FLORIDE |
| 4.                   | (Corporation Name)                                                       | (Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · ·                 |
|                      | ☐ Walk in ☐ Pick up time _                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rtified Copy        |
|                      | ☐ Mail out ☐ Will wait                                                   | Photocopy Ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rtificate of Status |
| <u>1</u><br>[]<br>[] | NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS  Amendment Resignation of R.A., Offic Change of Registered Age Dissolution/Withdrawal Merger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | er/Director<br>nt   |
| <u>(</u>             | OTHER FILINGS  Annual Report Fictitious Name                             | REGISTRATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUALIFICATION/QUA | CATION              |

## 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,                                                                                                                                                                                                      |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| the undersigned corporation organized under the laws of the State ofsubmits the following statement in order to change its registered office or registered agent, or both, in                                                                                                                            |     |
| the State of Florida                                                                                                                                                                                                                                                                                     |     |
| 1. The name of the corporation: Advanced Futures, Inc.                                                                                                                                                                                                                                                   |     |
|                                                                                                                                                                                                                                                                                                          |     |
| 2. The mailing address of the corporation: 11555 Heron Bay Blvd. 5-14200                                                                                                                                                                                                                                 | •   |
| Coral Springs FL 33076                                                                                                                                                                                                                                                                                   | -:_ |
| Coral Springs, FL 33076  3. Date of incorporation/qualification: 3/4/02 Document number: PO20002355                                                                                                                                                                                                      | 7   |
| 4. The name and address of the current registered agent and office:                                                                                                                                                                                                                                      |     |
| Fennes Tobal Fen                                                                                                                                                                                                                                                                                         |     |
| 2848 NW Boca Rates Blue ste 187 2                                                                                                                                                                                                                                                                        | -   |
| Fenner John P Esa  2840 NW Bocn Raton Blud ste POZ 7 TO                                                                                                                                                                                                              |     |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):                                                                                                                                                                                                  |     |
| (P. O. Box Not Acceptable)                                                                                                                                                                                                                                                                               |     |
| Feder + Dunn PA                                                                                                                                                                                                                                                                                          |     |
| 11575 Heron Bay Blud 5-te309                                                                                                                                                                                                                                                                             |     |
| 11575 Heron Bay Blud 5-te309<br>Coral Springs, FL 33076                                                                                                                                                                                                                                                  |     |
| 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.                                                                                                                                                                             |     |
| Mark 8/2 6/7/02                                                                                                                                                                                                                                                                                          |     |
| (Signature of an officer, chairman or vice chairman of the board)  (Date)                                                                                                                                                                                                                                |     |
| Printed or typed name and title)                                                                                                                                                                                                                                                                         | -   |
| Having been named as registered agent and to accept service of process for the above stated                                                                                                                                                                                                              |     |
| corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete<br>performance of my duties, and I am familiar with and accept the obligation of my position as |     |
| registered agent/ / /                                                                                                                                                                                                                                                                                    |     |
| (Signature of Registered Agent) (Date)                                                                                                                                                                                                                                                                   |     |
|                                                                                                                                                                                                                                                                                                          |     |
|                                                                                                                                                                                                                                                                                                          |     |
| (Typed or Printed Name) (Capacity)                                                                                                                                                                                                                                                                       |     |

CR2E045(9/00)

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