## 102000028049

10:	Amendment Section Division of Corporations		02 OCT 10 PM 3: 09
SUBJI	ECT: S+5 (O)	POMAD	ANTS INGAELAHASSEE, FLORIDA
חסכני	$\sim$	If corporation)	
	· · · · · · · · · · · · · · · · · · ·		
The en	closed Statement of Change of Registered	Office/Agent ar	nd fee are submitted for filing.
Please	return all correspondence concerning this	matter to the fol	llowing:
	Marlene Garcing (Name of person)		
	(Name of person)		
54	-5 CONSULTANTS Tre	<del></del> -	=
	(Name of firm/company)		1000083642818
/(	1100 Au 7) t # 109		-10/14/0201044008 *****35.00 *****35.00
A	(Address)  Night Ivalua FL 330  (City/state and zip code)	16	u managan
For furt	her information concerning this matter, pl	ease call:	
	(Name of person) at (	305)	803-8434  ytime telephone number)
	, L/	Canca code de daj	Amne refebuone Rambel)

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

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

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

CR2E045(07/02)

PS 10/14/02

FILED

02 OCT 10 PM 3: 09

TALLAHASSEE. FLORIDA

## OFFICER / DIRECTOR RESIGNATION

I, A E Serrano, hereby res	sign as Wice Vezinem				
of S+S CONSULTANTS (Name of Corporation)	_				
a corporation organized under the laws of the State of	Philon				
and affirm that the corporation has been notified in writing of the resignation.					
(Signature of keeping of the					

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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