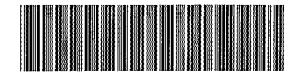
P02000046930

| SELENTY PLYFET TOS BOT ROBERT FALLE II SOIT SE IOM HYDE COLDE CORAL RI 33904 |
|--|
| (City/State/Zip/Phone #) |
| (Business Entity Name) (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |

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DIVISION OF CORPORATEST

R. A. Charge 10-27-03



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 15, 2003

Robert Farrell % SERENITY PROPERTIES, INC. 3617 SE 10th Avenue Cape Coral, FL 33904

SUBJECT: SERENITY PROPERTIES, INC.

Ref. Number: P02000046930

We have received your document for SERENITY PROPERTIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson Document Specialist Supervisor

Letter Number: 703A00056177

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 of FIORIDA |
| submits 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: SELENITY PROPERTIES INC |
| 1. The name of the corporation: <u>OFCENTII I ROVELITE</u> INC |
| 2. The mailing address of the corporation: 3617 SF 10 th AVE, CAPE (OF4) FI |
| 3. Date of incorporation/qualification: April 29 2002 Document number: PO200046930 |
| 4. The name and address of the current registered agent and registered office: |
| BUSINESS FILINGS INCORPORATED |
| 660 EAST DEFRECSIN STREET ? STEET |
| TALLAHASSEE FL 32301-0000 3 35 |
| 5. The name and address of the new registered agent (if changed) and /or registered office (if changed): |
| (P.O. Box NOT Acceptable) |
| KOBERI FARREII |
| 3617 SE 10th AVE |
| CAPE CORM FI 33904 |
| 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. |
| (10/22/03 |
| (Signature of an officer, 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. 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. |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| POPER FARELL DIRECTOR SELENTY PROF INC (Typed or Printed Name) (Capacity) |
| (Typod of Littled Trainer) (Capacity) |

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