P02000060510

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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RAIRO Change



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SECRETARY OF STATE
OF STATE

TRANSMITTAL LETTER

SUBJECT: Cycle World Mc. (Name of corporation)
(Name of corporation)
DOCUMENT NUMBER: <u>P0200060510</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ray Fabrizio (Name of person)
Cycle World Inc. (Name of firm/company)
301 Cleman's Street, July 3000
West Palm Bench, F2 33401 (City/state and zip code)
For further information concerning this matter, please call:
Ray Fabrillo at (36/) 825 2/82 (Name of person) at (476/) & daytime telephone number)

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

Amendment Section Division of Corporations

TO:

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

CRETARY OF STAIL

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of section					es,
	f change is submitted			_	•	
Florida	in order to che	ange its register	red office or regi.	stered agent, or b	ooth, in the Sto	ıte
of Florida.		c. 1.	11 // /			
1. The name of	the corporation:	<u> </u>	World In	Z		
2. The principal	office address:	301	Cleman's.	Sheet, S	w/e 301	20_
		West	Palm Re	each Pr	22411	
7 The mailing of	address (if different):_	(A/1-6-3)	recent to	201, / 2	<u>~~1, v/</u>	
J. The maning a	address (ii different)			· ·		
4. Date of incor	poration/qualification	: 05/31/	2 <i>002</i> Docum	nent number: <u>PC</u>	20000 60	<u> </u>
	d street address of the rtment of State:	current register	ed agent and regi	stered office on fi	le with the	
	Boa	chler Gu	u'do			
	787	of and	aiver Rd		-	
	Cale	set Pulm	Reach	P1 2240	- !]	
- - -		<u> </u>	Degan	12 310	<i>[</i>	
6. The name and changed):	nd street address of t	he new register	ed agent (if char	nged) and /or reg	istered office	(if
changed).	Rau	Fabriz	40		_	
	× ×	Clemat	's Chook	Culle 30	? ^	
	(P.0	D. Box or personal mai	lbox NOT acceptable)	- SWI		
	W	I Palm !	seady R	<u> 33401 </u>	_	
= =	ess of its registered o ged will be identical.					
Such change wanthorized by the	as authorized by reso he board, or the corpo	lution duly ado oration-has beer	pted by its board i notified in writi	of directors or by	/ an officer so	
4	Baller		Guldo	Rochbo	Pasitont	
(Signature of ac office	-// // /		•	or typed name and title)	i de imana	
I turther agree	the appointment as it to comply with the pr	ovisions of all .	statutes relative i	to the proper and	l complete	
perjormance oj registered ager	f my duties, and I am nt. Or, if this docume I hereby confirm that	jamiliar with a nt is being filea	na accept the obl l merely to reflec	igation of my pos t a change in the	nnon as registered	
office address,	I hereby confirm that	the corporatio	n has been notifi	ed in writing of the	nis change.	
	Signature of Registered Agent)			28/02 (Date)	O QA	
If signing on beha	-	_			2 N ECR	
					NOV CRETA	777
(Typed or Printed Name)			(Capacity)	PY RY RY	Ē
	**	" " FILING FI	EE: \$35.00 * * *		1.2 2.2 2.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3	ED
			PARTMENT OF STATE AN 6327, TALLAHASSEE,		OR STA	