P02000060969

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ors.

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NETWINE INC. (Name of Corporation)	
(Name of Corporation)	
DOCUMENT NUMBER: P0200060969	
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:	
rease retain an our espondence concerning and matter to the ronowing.	
(Name of Contact Person)	
(Name of Contact Person)	
VETWINE INC.	
(Firm/Company)	
23250 SEDAWIE DRIVE	
(Address)	
BOCA RATON F2 33433 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (561) 866-3465 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: $NETWIRE$, INC . 3. The principal office address: $RETWIRE$ $RETWE$
3. The mailing address (if different): (SAME)
4. Date of incorporation/qualification: 6/03/2002 Document number: P0200060969
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
6960 SW 39th STREET
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6960 SW 39th STREET E101 DINTE, FL = 32314 AGE TI
6. The name and street address of the new registered agent (if changed) and /or registered office
BOCA RATON, FL 3343) (P.O. Box NOT acceptable)
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, or the corporation has been notified in writing of the change.
(Signature of an officer or director) (Printed or typed name and title)
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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