## B200066258

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## COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Collagen Matrix Technologies, Tre. Name of Corporation		
DOCUMENT NUMBER: PO200066258		
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:		
Steven Fanier Name of Contact Person		
Collagen Matrix Technologies Inc.		
4/0 660 Glades Road Ste. 210		
Borg Robon F2 33431 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Debra Fagier at (S6) 393-9898  Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section  Street Address: Amendment Section		
Amendment Section Amendment Section  Division of Cornerations Division of Cornerations		

**Clifton Building** 

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

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	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
1. The name of the corporation: Colleges Mahry Technologies The  2. The principal office address: PSS Clint Moore RA # CIII - 223  3. The mailing address (if different): 660 Globes Road # 210  Box Road Road # 23791  4. Date of incorporation/qualification: 660 Globes Road # 210  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  For Road Street address of the new registered agent (if changed) and for registered office (if changed):  For Road Street address of the new registered agent (if changed) and for registered office (if changed):  For Road 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.  Supanior of as officer or director and complete performance of my daties, and any familiar with and accept the objection of my position as registered agent. Or, if this document system follows been notified in writing of these corporations be seen notified in writing of this change.  Supanior of Registered Agent  Supanior of Registered Agent  Supanior of Registered Agent  Supanior of Registered Agent	
2. The principal office address: 9888 Clint Mocce RA. # CIII - 223  BOCO Rathon, RC 33496  3. The mailing address (if different): 660 Glades Raid #210  BOCO Rathon, RC 33491  4. Date of incorporation/qualification: 86/202 Document number: P0 2000 66 288  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Florida Department of State: (If resigned)  Florida Departmen	
3. The mailing address (if different): 660 Globes Road #210  Back Robot, FL 33451  4. Date of incorporation/qualification: 862002 Document number: P0200066258  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Florida Department of State: (If resigned, enter resigned)  Florida State: (If resigned)  Florid	
3. The mailing address (if different): 660 Gloves Road # 210  Box Robot FL 33431  4. Date of incorporation/qualification: 96/2002 Document number: Po 2000 66 258  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Fugica State  Got Gloves Road St. 210  Box Robot FL 33431  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  For Box Not acceptable  Po. Box Not acceptable  Box Robot FL 33496  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 changed was authorized by resolution duly adopted by its board of directors or by an officer so authorized by this board, or the corporation has been notified in writing of the change.  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree for one 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 peing 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	
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4. Date of incorporation/qualification: \( \frac{12000}{2000} \) Document number: \( \frac{120000}{20000} \) \( \frac{120000}{6000} \) \( \frac{120000}{60000} \) \( \frac{120000}{60000} \) \( \frac{120000}{60000} \) \( \frac{120000}{600000} \) \( \frac{120000}{6000000} \) \( \frac{120000}{600000000000000000000000000000000	
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<u> </u>	Signature of Registered Agent  Date
	If signing on behalf of an entity:
Skyen Facien Typed or Printed Wame	Steven Facier

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)