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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Metaphorz, Inc. (Name of corporation)
DOCUMENT NUMBER: <u>P0200068937</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:
Paul Fishwick
(Name of person)
Metaphorz, Inc.  (Name of firm/company)
9324 SW32nd Place
(Address)
(Address)  Gainesville, FL 32608  (City/state and zip code)
For further information concerning this matter, please call:
Paul Fishwick at (352) 392-1414 (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 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(07/02)

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

Pursuant to the	e provisions of section	ns 607.0502, 617.	0502, 607.1508, or 617.	.1508, Florid	a Statute	s,
this statement o	of change is submitted	for a corporation	organized under the law	s of the Sta <u>te</u>	of	
Florida	in order to ch	ange its registered	l office or registered age	nt, or both; ii	n the Sta	te
of Florida.				LA		2011/100
1. The name of	the corporation:	Metaphon	rz, Inc.	<u> </u>		
2. The principa	l office address:	93245V	1 32 nd Place	SSE	<u> </u>	не - 1 de 1
		Gamerill	e, Florida 32	608	⊊ <b>P</b>	
3. The mailing	address (if different):_		as above 7		Z =	<u> </u>
			***	DA.	111	
4. Date of inco	rporation/qualification	: June 21,	2002. Document numb	er: <b>P</b> 02c	00066	<u>893</u>
5. The name an	d street address of the	current registered	agent and registered offi	ce on file with	h the	
	artment of State:	-				
	Ca	romation.	Servica Compos			
	12	a Have	Service Compan St. FL 32301	<del>9</del>	•	
		-of Hays	T1 202 A		. •	
		allahassee,	FL 32301		<del>.</del> .	
6. The name a			agent (if changed) and		l office (	(if
changed):		l Fishwich				
	93	24 SW 37 D. Box or personal mailbox Mesville , FL	nd Place		-1	
	(P.C	D. Box or personal mailbox	( NOT acceptable)			
	Gai	nesulle, FL	. 32608			
The street addragent, as chang	ess of its registered of ged will be identical.	ffice and the stree	t address of the business	office of its 1	registere	ď
Such change w authorized by t	as authorized by reso he board, or the corpo	lution duly adopte gration has been n	d by its board of directo otified in writing of the	rs or by an of change.	ficer so	
Ya.	w + FBM	<u></u>	Paul A. Fis	shusick, (	CEO	
(Signature of an office I hereby accept	•	me board) recristered accent a		•		
perjormance oj registered agei	f my duties, and I am nt. Or. if this docume	familiar with and nt is being filed m	nd agree to act in this co tutes relative to the prop accept the obligation of erely to reflect a change as been notified in writi	my position of the register ing of this cha	is ered	
Pa	MA FSINT Signature of Registered Agebr)	<u> </u>	February 2 (Date)  CEO and O (Capacity)	6,200	3	
If signing on beha			(LILLIA)	•		
Pai		k	CEO and O	la) A ex		
— <del>• • • • • • • • • • • • • • • • • • •</del>	Typed or Printed Name)		(Capacity)	*****		• .

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