FOR PROFIT CORPORATION

FILED Apr 17, 2003 8:00 am Secretary of State

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		ty submits this stered agent.	statement for th	ne purpose of changing	g its registere	ed office or r	egistered a	gent, or both, in the State of Floric	la. I am fai	niliar wi	th, and accept	1
SIGNATURE	Signature, types	o or printed name of n	agistered agent and	tile if appacable.	NOTE: Registere	1 Agent signature	required when	Teinssating)	DATE			
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	L certify that th	e information su	upplied with th	is filing does not qualif	9.00000		t in Section	119.07(3)(i), Florida Statutes. I full legal effect as if m 4 de under oat	riher certi	y that th	ne information	<u> </u>
indicated of the co	on this report poration or	ort or supplement the receiver or	ntal report is tru trustee empow	ue and accurate and the vered to execute this re	nat my signat eport as requ	ure shall hav iired by Cha	e the same pter 607, Fl	legal effect as if made under oat orida Statutes; and that my name	n; that I an appears	n an offi in Block	cer or director < 10 or on an	