P02000110616

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R.A. Change

TB 8/18/08

COVER LETTER

	TO: Amendment Section Division of Corporations								
	SUBJECT: BENAK INCORPORATED (Name of Corporation)								
	DOCUMENT NUMBER: P02000110616								
	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:								
	AKIN BAKAME (Name of Contact Person)								
	(Firm/Company) 1010 E BUSCH BLVD Surte 102 (Address)								
	TARIA FL 53(12 (City/State and Zip Code)								
	For further information concerning this matter, please call:								
AKIN	(Name of Contact Person)	at (813) 382-1513 (Area Code & Daytime Telephone Number)							
	Enclosed is a \$35.00 check made payable to the Department of State.								
	Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building							

Tallahassee, FL 32301

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

	ovisions of sections 607. e is submitted for a corp				Florida Statutes, this State of FLOMPA
in order to	o change its registered o	-	stered agent, or	both, in the	State of Florida.
1. The name of the	corporation: 6	ENAK	INCO	RPORAT	ED
2. The principal of	fice address: [0/0		Busch	BLVP	Scute 102
	TAMPA	FL	336	12	
3. The mailing add	ress (if different):				
4. Date of incorpor	ation/qualification: 0	Cf-14-0	2 Docum	ent number:	P02006110616
	reet address of the curre				
- -	FLUMDA SGY7 110 Pagod Palm	Agen H Bre	_ puth ch fc	374	FILE ECRETARS ELARASS
6. The name and st (if changed):	reet address of the new		gent (If changed) and /or regi	stered office FLORIDE
_	1010 &		BLVD	Sut	2102
_	TAMPA	FL	33		
					ffice of its registered agent,
Ø¥	authorized by resolution board, or the corporation of an officer or director)	n duly adop on has been		BAK	or by an officer so lange. Note: President distribution of the second state of the se
I hereby accept the I further agree to of my duties, and a document is being corporation has be	e appointment as regis comply with the provis I am familiar with and fined merely to reflect een notified in writing	tered agent ions of all st accept the o a change in of this chan	and agree to a tatutes relative bligation of m the registered ge.	ct in this cap to the prope y position as office addres	acity, rand complete performance registered agent. Or, if this ss, I hereby confirm that the
(Siona	ture of Registered Agent)			08/	02/00
If signing on beha	5 5 ,			(8.	,
Min	BAKANG				
(Typ	ed or Printed Name)				

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