P0300012724

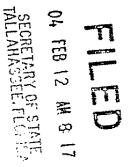
(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
		,
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
Opecial manucions to	r imig Omoei.	
		ì

Office Use Only



900028390759

02/13/04--01006--003 **35.00



Na Kanha

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GOOD BOUS FOTOPOISE, INC. (Name of corporation)		
DOCUMENT NUMBER: PO300012724 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:		
Darin Wach Mellinger, Esquire (Name of person)		
Walloce & Mellinger, P.A. (Name of firm/company)		
225 Northeast Mizner Bowlevard, Suite 300		
Boca Raton, Florida 33432 (City/state and zip code)		
For further information concerning this matter, please call:		
Darin Wack Mellinger, Fequine at (561) 630-3317 (Area code & daytime telephone number)		
Enclosed is a \$35.00 check made payable to the Department of State.		

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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 in order
to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Good Boys Entoprise, Inc.
2. The principal office address: 60 North Federal Highway
Baca Kata, Florida 33432
3. The mailing address (if different): Loo NOAN FECTION HIGHWOU
Boca Katon, Florida 33432
4. Date of incorporation/qualification: 213/03 Document number: HO300040334
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Fatigate, Froest
60 Rooth Foderal Highway 30 2
Born Roton, Florida 33430 篇音
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Victor Comea Folix
(P.O. Box or personal mailbox NOT acceptable)
Baca Rotan, Florida 33432
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.
Victor Corred Felix - Prosident (Signature of the Article of director) Victor Corred Felix - Prosident (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.
Victor Cow /10 = 2/10/2004
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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