

PO3000020565

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
8/1/05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CPA Biz Inc
(Name of corporation)

DOCUMENT NUMBER: P03000020565

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:

Trudy Griffiths
(Name of contact person)

CPA Biz Inc
(Firm/Company)

2222 Justin Ave
(Address)

Orlando FL 32826
(City/state and zip code)

For further information concerning this matter, please call:

Trudy Griffiths at 561, 324-4002
(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
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: CPH BIZ Inc FLORIDA
2. The principal office address: 2222 Justin Ave, Orlando,
FL 32826
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 2/19/2003 Document number: P# 304420565
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
- Trudy Griffiths
1790 Perside Circle
Wellington FL 33414
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Trudy Griffiths
2222 Justin Ave
Orlando FL 32826
- (P.O. Box NOT acceptable)

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.

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.

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314