

PC3000042908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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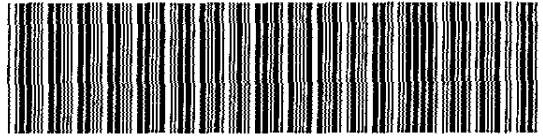
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MANTICORE INC  
(Name of corporation)

DOCUMENT NUMBER: P03000042908

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:

MARK A. NORDQUIST  
(Name of person)

MANTICORE INC.  
(Name of firm/company)

124 RIDGEWAY BLVD  
(Address)

DELAND FL 32724  
(City/state and zip code)

For further information concerning this matter, please call:

MARK A. NORDQUIST at 386, 527-2014  
(Name of 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: MANTICORE INC.
2. The principal office address: 124 RIDGEWAY BLVD. DELAND FL 32724
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/16/03 Document number: P03000042908
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BUSINESS FILINGS INCORPORATED
1000 W. AVE STE 1114
MIAMI BEACH, FL 33139
TALLAHASSEE, FLORIDA
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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARK A. NORDQUIST
124 RIDGEWAY BLVD DELAND, FL. 32724
(P.O. Box or personal mailbox 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.

Signature of Mark A. Nordquist and printed name MARK A. NORDQUIST (PRESIDENT)

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.

Signature of Mark A. Nordquist and date 9/29/03

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

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