P03000076573

(Requestor's Name)			
(Address)			
(Address)			
(1.000)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(======================================			
O PE 40.			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



000038346860

07/02/04--01010--019 **35.00

04 JUL -2 PH 12: 14

Land dis

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: POINT B,	INC · (Name of corpor	ation)
DOCUMENT NUMBER:	P0300007657	3
The enclosed Statement of Change of R		nd fee are submitted for filing.
Please return all correspondence concern	ning this matter to the fol	llowing:
	TOM DAMBMI (Name of perso	4 √ n)
	C/o PO(NT B	,
	(Name of firm/com	pany)
	500 LAKE AVE.	#127
	(Address)	
	LAKE WOFTH	FL 33460
75 C 4	(City, butter tales and	code)
For further information concerning this	•	
KEN MOPFON		at (56) 493.2632 (Area code & daytime telephone number)
(Name of person))	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable	le to the Department of S	tate.
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

CR2E045(09/03)

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	8, or 617.1508, Florida Statutes, this statement of
change is submitted for a corporation organized under the laws of the	he State of FLORIDA in order
to change its registered office or registered agent, or both, in the Stat	te of Florida.
1. The name of the corporation: POINT B, INC	<u> </u>
2. The principal office address: 1030 South FEAS	ERAL HWY \$122
DELRAG BEACH	I FL 33483
3. The mailing address (if different): SOO LAKE AVENUE	E Suite 127'
LAKE WORTH !	FL 33460
4. Date of incorporation/qualification: $\frac{9}{100}$	ment number: Po3000076573
5. The name and street address of the current registered agent and reg Florida Department of State:	gistered office on file with the
KENNETH MORT	LOV
118 NORTH 0	STREET E E
LAKE WORTH	FL 33460 \$ 5
6. The name and street address of the new registered agent (if change (if changed):	
Ton DAMBMAN	ORID T
SOO LAKE AVE (P.O. Box or personal mailbox NOT acc	SuiTE 127
LAKE WORTH,	PL 33960
The street address of its registered office and the street address of the changed will be identical.	the business office of its registered agent, as
Such change was authorized by resolution duly adopted by its boar the board, or the corporation has been notified in writing of the cha	rd of directors or by an officer so authorized by ange.
(Signature of the officer or director)	KENNETH MORTON DIRECT
I hereby accept the appointment as registered agent and agree to a I further agree to comply with the provisions of all statutes relative duties, and I am familiar with and accept the obligation of my posibeing filed merely to reflect a change in the registered office addrebeen notified in writing of this change.	e to the proper and complete performance of my ition as registered agent. Or, if this document is ess, I hereby confirm that the corporation has
	6/29/04
TOM DAMBMAN (Signature of Registered Agent)	(Dath)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Canacitu)
1 I NERGA AND CHEROLOGICE	(Lagario)

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