## P03000077/69

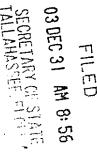
•
(Requestor's Name)
— AE 2113 climbing Dry Dr  Tampa fl 33618
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
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C. Octalistic JAN 0 8 2004

## 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,
the undersigned corporation organized under the laws of the State of Floring
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: AE PERFORMANCE SOLUTIONS
INCORPORATED
2. The mailing address of the corporation: ZII3 CLIMBING INY DRIVE
TAMPA FLORIDA 33618
3. Date of incorporation/qualification: 7-9-2003 Document number: P0300007716
4. The name and address of the current registered agent and registered office:
MARY OUNGER
MARY OUNGER  6902 7th Avenue East  TAmpa FLorida 336/9  5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
TAMPA FLORING 33619
5. The name and address of the new registered agent (if changed) and /or registered office (if changed): (P.O. Box NOT Acceptable)
GAIL WriGAT
Z113 CLIMBING INY DRIVE
TAMPA FLORIDA 33618
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.
12/25/03
(Signature of an officer, chairman or vice chairman of the board) (Date)
GATL WriGHT SECRETARY  (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agept) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
GAIL WIGHT Rea Avent
(Typed or Printed Name) (Capacity)

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