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NOV EL ZOIH
T. LEWIEUX

COVER LETTER

TO: Amendment Section Division of Corporations								
SUBJECT: HAWKEYE VENTURES M, INC. Name of Corporation								
DOCUMENT NUMBER: P030000 80444								
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:								
ANDRU RAMKER								
Name of Contact Person								
HAWKEYE VEWTUPES II, INC. Firm/Company								
Firm/Company								
1903 SUTHERLAND DRIVE WEST								
PALM HAPPOR, FLORIDA 34683 City/State and Zip Code								
City/State and Zip Code								
City/State and Zip Code avan/Kev & haw Keye - 1, com F-mail address: (to be used for future annual report notification)								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Name of Contact Person at (239) 980 - 9760 Area Code & Daytime Telephone Number								
Traine of Contact Leison Area Code & Daytime Telephone Humber								
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pressure of change in order		for a corpor	ation organi <mark>z</mark>	ed under the	laws of the	State of _	FUOP	2A	
1. The name of th	e corporation:	HAWK	EYE VE	Nrupe	5 N.	WK	<u>'</u>		
2. The principal o			suthe	PLANE	021	VE_	WES		-
		PAYM	HAPKE	K PI	OPIDA	- 3	16B3		_
3. The mailing ad	dress (if differe	ent):	ME			<u>-</u>			
4. Date of incorpo	pration/qualific	ation: 7/	22/03	Docume	ent number:	Po	2,0000	8044	4
5. The name and s Florida Departs	street address o	f the current	registered ago	ent and regis					•
_			PK		7	_			
	4411	CLE	YEND	AVE					
-	PT.	MYER	es Pl	OPIDA	3	3901			
6. The name and a (if changed):	street address o		gistered agent		and /or regi	istered of	SECRETAL AHA	14 OCT 2	ائية العام 1
-	1903	Sut	HERLA	NO D	DRIVE	WE	SSEE.	7 3	
- -	PALA	1 Ha	P.O. Box NOT a	PLOP	IDA	346	名 名 名 名 記 に る に る に る に る に る に る に る に る に る に	5: 06	ζ.
The street addres	s of its register be identical.	red office an	d the street ac	idress of the	business o	ffice of it	s registered a	1)	
Such change was authorized by the	authorized by	resolution of	luly adopted h has been noti	y its board of the second of t	of directors	or by an ange.	officer so		
1	of an officer or dire			All	rinted or typed	2AMI	ER P	residen	17
I hereby accept to I further agree to performance of agent. Or, if this hereby confirm to	he appointmen	t as register	ed agent and is of all statut r with and ac erely to reflec en notified in	agree to act	in this cape	acity.	inlete	rd	
Oh					10,21,	204	- ,		
Signa	ature of Registered A	Agent			Date				
If signing on beh	alf of an entity UPU	: Pame	EP_						
T	and or Printed Name		-						

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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