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SECRETARY OF STATE

19 WW 8:

T. Roberts MAR 2 1 2007

COVER LETTER

Division of Corporations
SUBJECT: Broward County Leasing & Equipment, Inc.
DOCUMENT NUMBER: P03000088701
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:
Qnn Marie Horowitz (Name of Contact Person)
Broward County Leasing Equipment, Inc
13993 SW 4200 Street (Address)
Davu Fl 33330 (City/State and Zip Code)
For further information concerning this matter, please call:
Onn Marie Horowitz at (954) 444-4808 (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 **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 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: Broward Wunty Leasing + Equipment, Inc. 2. The principal office address: 3595 SW 415th Avenu. # 2 David, FI 3334
3. The mailing address (if different): 13993 SW 42nd St. Davu F1 33336
4. Date of incorporation/qualification: 8.11.03 Document number: 40300088701 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Horowitz, Alan 13993 Sw 420d Struct David El 3222 O
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
AnnMarie Horowitz 13993 Sw 42nd St (P.O. Box NOT acceptable) DOVID FL 28333
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 brand, of the obrporation has been notified in writing of the change. On Marie Horowitz, President (Printed or typed name and title)
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 Registered Agent) (Date)
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 CR2E045 (8/05)

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

Office Use Only



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RA Ro chy

SECRE DARY OF STATE
ALLAHASSEE, FLORID.

T. Roberts MAR 21 2007]

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJE	ECT: BOXES AND ARROWS, INC	rporation)		
DOCU	MENT NUMBER: P97000028775			
	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
	HEATHER PATRICK (Name of Con	tact Person)		
INCORP SERVICES, INC. (Firm/Company)				
3155 East Patrick Lane · Suite 1 (Address)				
	LAS VEGAS, NV. 89120 (City/State an	d Zip Code)		
For fur	ther information concerning this matter, please ca	all:		
HEAT	THER PATRICK (Name of Contact Person)	at (702) 866-2500 (Area Code & Daytime Telephone Number)		
Enclose	ed is a \$35.00 check made payable to the Departs			
	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		

TO:

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga				
in order to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of the corporation: BOXES AND ARROWS, INC.				
2. The principal office address: 30 MEDFORD DRIV	<u>/E</u>			
PALM COAST FL	32137-2504			
3. The mailing address (if different):				
4. Date of incorporation/qualification: 03/27/1997				
5. The name and street address of the current registered a Florida Department of State:	agent and registered office on file with the			
DOZIER, WILENE D	07			
140 EAST BAY STREET	FIL 07 MAR 19 3EURETAR ALLAHASS			
JACKSONVILLE FL 32217	m-< [ਾ			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
INCORP SERVICES, INC	· · · · · · · · · · · · · · · · · · ·			
17888 67th Court North				
(P.O. Box NOT acceptable	c)			
Loxahatchee, FL. 33470				
The street address of its registered office and the street as changed will be identical.	t address of the business office of its registered agent,			
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been not b	ed by its board of directors or by an officer so otified in writing of the change.			
Signature of an officer or director)	Frank R. Sweet, Director (Printed or typed name and title)			
I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the ob document is being filed merely to reflect a change in the corporation has been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address I hereby confirm that the			
Denthal Latrick	03/16/2007			
(Signature of Registered Agent)	(Date)			
If signing on behalf of an entity:				
INCORP SERVICES, INC.				
(Typed or Printed Name)				

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