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SECRETARY OF STATE

9/15

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FARNS BOROUGH HOLDINGS INC. (Name of corporation)
DOCUMENT NUMBER: <u>PO 3 0000 89 5 4 4</u>
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:
NATHAN BERMAN (Name of person)
CORPORATE SOLUTIONS LLC (Name of firm/company)
520 BRICKELL KEY DR #1403
Miami Fl 3313/ (City/state and zip code)
For further information concerning this matter, please call:
NATHAN DERMAN at (305) 494-1698 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

this statement of	provisions of sections 607.0502, 6 f change is submitted for a corporati	on organized under	the laws of the Stat	te of
(-rob; b)	heta in order to change its registe	ered office or registe	red agent, or both,	, in the State
of Florida.	FARAICE	40 200 6H 1-	HOLI)(1065	ING.
	,			13
2. The principal		CKELL	KEY DR	#1403
	MIAM!	<u>/FI 33</u>	213/	<del></del>
3. The mailing a	address (if different):			<u></u>
4. Date of incorp	poration/qualification: 8/15	Jo3 Documen	at number: PO3	300008914
	d street address of the current register rtment of State:	red agent and registe	red office on file w	rith the
	CORPORATIO	N SERVIC	CE COMI	PANY
	1201 HA	45 Str	ret	,
•	Tallahassee	/	0[	
6. The name an changed):	nd street address of the new register  CORPORATE	red agent (if change		red office (if
-				Λ <del>λ</del>
-	_	Ilbox NOT acceptable)	_// IC	
_	Mi Arni, Fl	33131		• •
The street addre	ess of its registered office and the street will be identical.	reet address of the b	usiness office of it	s registered
Such change wa authorized by th	as authorized by resolution duly ado be board, or the corporation has been		••	
. •	chairman or vice chairman of the board)	Printed or typ	ed name and nuc)	
registered agent office address V	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a t. Or, if this document is being filed hereby confirm that the corporatio	na accept the obliga I merely to reflect a	tton of my posttlet change in the reof:	t as
	gnature of Registered Agent)	77	Date)	
If signing on behalf いんてみん		MAA	AGERS	
	yped or Printed Name)		Capacity)	<del>_</del> <u> </u>

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