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BOOKKEEPING SERVICE

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Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0380

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Account Name : BOOKKEEPING SERVICE BY VICKI INC.
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

RON SWAN, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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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: RON SWAN, INC.
2. The principal office address: 9340 N. FLORIDA AVENUE
TAMPA, FL 33612-7925
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 8-21-2003 Document number: P03000092045
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RONALD LISS
9340 N. FLORIDA AVENUE
TAMPA FL 33612-7925

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SWANEE MARSHALL
9340 N. FLORIDA AVENUE
(P.O. Box NOT acceptable)
TAMPA FL 33612-7925

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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, or the corporation has been notified in writing of the change.

Swanee Marshall SWANEE MARSHALL / PRESIDENT
(Signature of an officer or director) (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.

Swanee Marshall 7/15/04
(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