P03000124502

(Requestor's Name)								
(Address)								
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(Cit	y/State/Zip/Phone #)							
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☐ PICK-UP	WAIT MAIL							
(Business Entity Name)								
(Document Number)								
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Special Instructions to	Filing Officer:							
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SECRETARY OF STATE
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Office Use Only

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OCT: Q. 1 2008

COVER LETTER

TO: Amendment Section Division of Corporations								
SUBJECT: TRIBECA CAPITAL, INC. (Name of Corporation)								
DOCUMENT NUMBER: P03000124567								
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:								
MARTIN E. HANAKA (Name of Contact Person)								
TRISECA CAPITAL, INC. (Firm/Company)								
1627 SE 71- Struct (Address)								
FORT LAVORIALE, FL 33316 (City/State and Zip Code)								
For further information concerning this matter, please call:								
MARTY E. HAVAKA at (754) 828-1706 (Area Code & Daytime Telephone Number)								
Enclosed is \$35.00 check made payable to the Department of State.								
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301								

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

		ons 607.0502, 617.0 or a corporation or					7A-
		istered office or reg					
1. The name of th	e corporation:	TRIBECA	CAI	MAL,	INC.		
2. The principal o	office address:	1627	Se ^	7 1 (street	<u> </u>	
		FORT	LAUBE	neale	FL	333/6	
3. The mailing ad	dress (if different):					
		احمان	0 en C D			23000	124502
		on: 1\ 03 .					12/302
5. The name and a Florida Departi		he current registere	ed agent and	registered	office on file	with the	
	NAL	LOWIDE C	of Pena	رة دروا	ruces. I	M.	
-	47	80 ELIE	مىد	Λ	ALK DL	<u> </u>	
-		V - E 7-31	^				
•	La.	17 LACIE	n Dule		3330	- A:::	
6. The name and (if changed):	street address of	he new registered a	agent (if cha	anged) and /	or registered	OFFICAHAS	· · · · · · · · · · · · · · · · · · ·
_	94	ILIP M. HA	MAKA	E59.		S£3 Y	I was
	٨n	itels & Ban	/TΑ , Ŕ	О. Д.			
	51 F	5 (P.O. Box NOT accept	table) LAS	BLA	, Juite 3330/	%e3 0	teaudi
The street address as changed will i	ss of its registere be identical.	d office and the st	reet address	s of the bus	iness office o	f its registered a	agent,
Such change was	s authorized by r	esolution duly add orporation has bee	pted by its	board of di	rectors or by the change.	an officer so	
Hoe	been et of an officer or direc		-	MARTIN	G. /#	NAKA (res out
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment o comply with th d I am familiar w ng filed merely to been notified in	as registered agen e provisions of all ith and accept the o reflect a change o writing of this cha	nt and agree statutes rei obligation in the regis inge.	to act in the	his canacity		mance if this at the
(Sign	nature of Registered A	gent)		9/	(7/08 (Date)		
If signing on bel	nalf of an entity:						
	yped or Printed Name)						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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