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SECRETARY OF STATE OF STORE OF CORPORATIONS

Ps 2/13/07

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Robert M ARCe II	,	
DOCUMENT NUMBER: POS 000070611		
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:	
Robert m Acce (Name of Contact Po	erson)	
Robert in Arce Inc (Firm/Company)		
(Firm/Company		
15124 Appaloura Hill DR. (Address)		
DADE CHY FL 33	523	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Robert MAce at (Name of Contact Person)	813 894-2610	
(ivalue of Confact Person)	(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: Poblat M ARCL TAC
2. The principal office address: 15124 Appalous Hill DR. NAME CHU TE 33523 NO BROWN IN PILE & 605 CTIPTE
3. The mailing address (if different): Cleba L. Lite Ft 33598
4. Date of incorporation/qualification: 5/13/2005 Document number: P05000070611
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Poblic The
605 CRYSTAL CLEAR LN
Lutz FL 33548
The state of the s
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Robert M Arci
15124 Appalowsa Hills DR. 5
DADE CHY FL 33523
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.
Mount Marce (Signature of an officeror) Robert n Ace (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.
Multi m Ova Option (Signature of Registered Agent) Option (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
(1) from all 1 miles reques

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 * * *