(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 0-K05 M05 / NCO (Name of Corporation)
DOCUMENT NUMBER: <u>P03000 148566</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:
(Name of Contact Person)
(Firm/Company)
Box 1598 (Address)
(Address)
GULF BREEZE FL 325621 (City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM M. RANDALL at (850) 916 - 4901 (Name of Contact 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

TO:

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.
1. The name of the corporation: O-KOSMOS, NC; 2. The principal office address: BOX 1598 GULF BREETE FL 32562
3. The mailing address (if different):
4. Date of incorporation/qualification: 12-10-03 Document number: P03000 148566
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BUSINESS FILINGS / WCORPORATED 1203 (TOVENTOUS SQUARE BIVE) 1ALLAHASSEE, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): WILLIAM M. RANDACC 3880 PARADISE BAY DR. (P.O. Box NOT acceptable) GULF BREEZE FL 32563
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. **ATHERINE** (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. Comparison of the change of
(Typed 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 * * *