(Requestor's Name) Mrs. Ramona Gibson 5247 Missouri Ave. New Pri Reby, FL 3(653-3713	300027		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	01/26/04-		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
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282663

--01021--001 **35.00

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

Pursuant to the	provisions of section	ns 607.0502, 617.050	2, 607.1508, or 613	7.1508, Florida Statu	tes,
the undersigned	d corporation organize	ed under the laws of t	he State of	FLORIDA	= -
	owing statement in or		•		, in
the State of Flo	rida.	.			1 1
1. The name of	the corporation:	3-0 SH	Aper I	NCORPOR	9 TET)
	•	•	,	•	· -
*		(111)	Miccoul	1' NID	
9 (-	address of the corpora	0 /	MISSOU	7700	
.000	U PORT	RICHPY	FL. 3	465 S	
3. Date of inco	rporation/qualification	1: 1-2-04	Document num	aber: <u>10408</u>	20007
4. The name an	d address of the currer	nt registered agent and	d registered office:	<u>, </u>	
	61112		. 4	DAULO	DPAR
	017/	Mi5500	RI AVE	$-\setminus \mathcal{D} / \mathcal{D} $	
	NPR	<i>FL</i> .	34653	· <u>40.11</u>	
		••••	•	\	
5. The name an	d address of the new r	egistered agent (if cha	anged) and /or regist	ered office (if change	d):
		(P.O. Box NOT Acco		2. 2	
	RAMI	MA ELONI	ZAC GIB	加望	
	614-	missou	IRL DUE	123	Carriers Carriers
	01//	- 77/3500		- SER	m
	IVER	- FA	34653		J
agent, as chang	ess of its registered of ed, will be identical.				
Such change w	as authorized by reso he board.	lution duly adopted b	y its board of direct	ors or by anxifficer s	0
18-	C/	C. Lam		1-22-04	
(Signature	of an officer, chairman or vi	ice chairman of the board)		(Date)	•••
0.	CI	Ciaconi		•	
KANIONA	(Printed or typed name		AGENT		w ==-/ 1 61941188
Having been no	amed as vasistaved as	rout and to accent acr	vice of process for t	he above stated	
corporation, I	hereby accept the app	ointment as registere	ed agent and agree t	o act in this capacity	•
performance of	imed as registered ag hereby accept the app to comply with the pr my duties, and I am j	familiar with and acc	ept the obligation of	f my position as	
registerea ager	u.	<i>^ / -</i>	j.		
1) amona	Signature of Registered Age	1000-	(Date)	2-09	
,	regulation of tresistence when	,	(Dutt)		
If signing on beha	If of an entity:	Cincon	ALI	nT	
_ RAMONI	Typed or Printed Name)	0715501-	(Capac	eity)	** **

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