P04000039765

(Requestor's Name)
AOUN, SONIA
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(Business Entity Name)
(Document Number)
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R.A. Charse. G. Conditions SEP 0 3 2004

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 <u>FLOrida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NMP ENTERPRISES, INC.	
2. The principal office address: 11154 NI, 30th Street	
Tampa FL 33612	
3. The mailing address (if different):	. <u></u>
·····	
4. Date of incorporation/qualification: 03/02/04 Document number: P04000	039765
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	e
Fadi Jounes	
11154 N. 30th Street	
Tampa FL 33612	04 TALLI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	FIL Aug 30 Pretary Lahassi
Sonia Aoun	
11154 N. 30th Street	1 8:5 STAT
Tampa FL 33612	iter ei
The street address of its registered office and the street address of the business office of its reg as changed will be identical.	gistered agent,

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.

President ΠÂ AU COL

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.

ou a (Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

ped of 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