PD4000077811

(Re	equestor's Name)	
(Ad	dress)	
(Address)		
(Cit	sy/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Slobal TIME SHARE Solutions (Name of Corporation)		
DOCUMENT NUMBER: 4040000 77811		
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) Colobal TIMESUMAE Solution) (Firm/Company)		
10200 W. St. Rd. 84 - Fruito 219		
DAVIE - FLORIA - 33324 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MIGUEL VA at QS4 3250185 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(and Josephone Hamoer)		

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.
1. The name of the corporation: Slobel TIMESWARE Solutions 2. The principal office address: 10200 w. St. Rel 84 - feet 5219
DAVIE - Floride 33324
3. The mailing address (if different): P. O. Box. 26699\$ WESTON - FLORIDA 33326
4. Date of incorporation/qualification: 5/13/04 Document number: P04000778
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DAVID VA
1338 GMANY Island , In.
WESTON-FLORIZA 33327
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Daulel VA
(P.O. Box NOT acceptable) UESTEW - Floride 333372
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, artife corporation has been notified in writing of the change.
(Signature of in Street or director) (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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(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 * * *