P04000058186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

LAW OFFICE
JORDAN FIELDS, P. A.
A PROFESSIONAL ASSOCIATION
416 SE CORTEZ AVENUE
STUART, FLORIDA 34994

(772) 286-0890
FAX (772) 288-1728
jfpalaw@bellsouth.net

JORDAN FIELDS, Esquire ***YVONNE M. KOEHLER, CLA***

April 27, 2005

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: VEGAS STYLE ARCADE, INC.

Dear Clerk,

Enclosed please find the following:

1) A check# 5208, in the amount of $35.00 for filing - Change of Reg. Officer and Reg. Agent.

2) A transmittal letter and instruction for resignation -Res. Agent.

Please make the changes in the state's file.

Thank in advance for your assistance in this request.

Yours truly,

Pensenti

T. Pensenti
enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VEGAS STYLE ARCADE, INC.
(Name of corporation)

DOCUMENT NUMBER: P04000081186

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:

T.Pensenti
(Name of contact person)

Jordan Fields, P.A.
(Firm/Company)

416 SE Cortez Avenue
(Address)

Stuart, FL 34994
(City/state and zip code)

For further information concerning this matter, please call:

T.Pensenti (Name of contact person) at (772) 286-0890 (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
409 E. Gaines Street
Tallahassee, FL 32399

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: VEGAS STYLE ARCADE, INC.
2. The principal office address: 7149 US HWY. ONE, PORT ST LUCIE, FLORIDA 34952
3. The mailing address (if different): same
4. Date of incorporation/qualification: MAY 20, 2004 Document number: P04000081186
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   RICHARD SCHAFENBERG
   7149 US HWY. ONE
   PORT ST. LUCIE, FL 34952

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed).

   ROBERT SCHAFENBERG
   5355 SE MATOUSEK STREET
   (P.O. Box NOT acceptable)
   STUART, FL 34997

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TALLAHASSEE, FLORIDA

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.

* _____ RICHARD SCHAFENBERG
(Signature of an officer or director) (Typed or printed 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.

_____ 4/27/05
(Signature of Registered Agent) (Date)

* ROBERT SCHAFENBERG
If signing on behalf of an entity:

~~ROBERT F. SCHAFENBERG~~
(Typed or 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