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SENT BY: BELKIN & ASSOC:

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COVER LETTER

TO: Amendment Section **Division of Corporations**

(Name of corporation) SUBJECT:

P04000686988 DOCUMENT NUMBER:_

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:



RANT FREEK at (SGC) LUS SUBY (Area code & daytime telephone number) (Name of contact person)

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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

CR2E045(6/04)

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

5 1. The name of the corporation; NO48 onto 2. The principal office address; 100.0A 3. The mailing address (if different): 4. Date of incorporation/qualification: <u>LansE 03.2004</u> Document number: <u>P 04-0000 S698</u> 3 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: EALA \Box SP œ 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed); Pader w. m Sci-TE261 (P.O. Box NOT succontable) 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, of the corporation has been notified in writing of the change. DRESDENT of an officer or director) (កំផ្លេលុ 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 field 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) If signing on bohalf of an entity;

(Typed or Printed Name) (Typed or Printed Name) CTCYC POCARCE (CST, MC *** FILLING FEE: \$35.00 ***

> MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314