

PO4000118341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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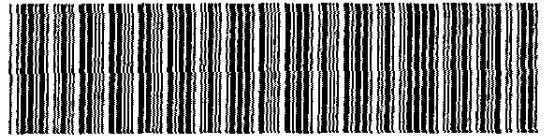
(Business Entity Name)

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04 OCT 15 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAIRO
10/15/04

LAW OFFICES
Case & Muffler
A LIMITED LIABILITY PARTNERSHIP

SUITE 102
2810 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33308

JAMES L. CASE*
STEPHEN C. MUFFLER, LL.M.
*ALSO MEMBER MICHIGAN BAR

(954) 563-1000
FAX (954) 565-2047
WEB SITE: www.floridaclosings.com

October 13, , 2004

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: LEGACY ART STUDIO, INC.

Dear Sir:

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend your records at your earliest opportunity to reflect the change.

Very truly yours,

JAMES L. CASE, P.A.



Mary Lou Dolan,
Legal Assistant

MLD/04-112-211
Encl.
G:\COMMON\CORP\CHG.WPD

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.0501 and 607.0502, Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is **LEGACY ART STUDIO, INC.**
2. The name and address of its present registered agent is:
FILINGS, INC.
3732 NW 16th Street, Fort Lauderdale, FL 33311
3. The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)
NILDA COMAS
207 SW 5th Street, Fort Lauderdale, FL 33301
4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature: *Nilda Comas*
(President or Vice-President)

Date: Oct. 1, 2004

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: **NILDA COMAS**

Signature: *Nilda Comas*
(Agent)

Dated: Oct. 1, 2004