## P04000148970

| (Requestor's                       | Name)                |
|------------------------------------|----------------------|
| (Address)                          |                      |
| (Address)                          |                      |
| (City/State/Zi                     | p/Phone #)           |
| PICK-UP W                          | AIT MAIL             |
| (Business Er                       | tity Name)           |
| (Document N                        | lumber)              |
| Certified Coples Ce                | rtificates of Status |
| Special Instructions to Filing Off | deer:                |
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Office Use Only



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## **COVER LETTER**

| TO:     | Amendment Section Division of Corporations  |
|---------|---|
| SUBJE   | Amendment Section Division of Corporations  ECT:  |
| DOCU    | MENT NUMBER: 204000 148970  |
| The en  | closed Statement of Change of Registered Office/Agent and fee are submitted for jiling. |
| Please  | return all correspondence concerning this matter to the following:                      |
|         | (Name of Contact Person)  Con Investment Group  (Firm/Company)                          |
|         | 1159 Kempton Chase Parkway (Address)  |
|         | O, bardo, FL. 32837<br>(City/State and Zip Code)  |
| For fur | ther information concerning this matter, please call:                                   |
| Ri      | (Name of Contact Person) at (407) 470 -443/<br>(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 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   |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
|  |
| 1. The name of the corporation: (art Invistment (not)  |
| 2. The principal office address: //3 / Resphon Chose Paul  |
| Drando FL. 32837.  |
| 3. The mailing address (if different):   |
|  |
| 4. Date of incorporation/qualification: 10404 Document number: 10400/148970  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |
| Florida Filing & Search Servistic.   |
| 1333 Horses Dural Street   |
| Tallahassee FL 32013 To 3  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Mamone Cen   |
| 1157 Venston Chase Porkuay   |
| Orlando, FL 32837  |
| 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.  |
| (Signature of an officer of director)  (Signature of an officer of director)  (Prince of 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. |
| // Cancona Pair 9/29/05  |
| (Signature of Registered Agent) (Date)   |
| If signing on behalf of an entity:   |
| (Typed or Printed Name)  |
| Z-AI an ab braman a  |

\* \* \* FILING FEE: \$35.00 \* \* \*