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COVER LETTER

TO: Amendment Section Division of Corporat	ions	
SUBJECT: Nuracom, In	corporated	
<u></u>	(Name of corp	oration)
DOCUMENT NUMBER:	PO5000007721	
The enclosed Statement of Cl	hange of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all corresponde	nce concerning this matt	er to the following:
Nura Wa		
	(Name of contact	et person)
Nuracon	ı, Inc. (Firm/Comp	pany)
18790 I J	S Highway 301 South	
10,700	(Address	8)
Wimaum	na, Florida 33598	
	(City/state and a	zip code)
For further information conce	erning this matter, please	e call:
	a	t
Nura Washington	<u> </u>	(813)634-2461
(Name of contact	person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check m	ade payable to the Depa	rtment of State.
Ame Divis P.O.	ing Address: ndment Section sion of Corporations Box 6327 hassee, 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 Wisconsin_in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation:	Nuracom, Inc		
2. The principal office address: 18790 US Highway 301 South			
3. The mailing address (if different):	N/A		
4. Date of incorporation/qualification:	January 14, 2005 Document number: PO000007721		
5. The name and street address of the c Florida Department of State:	surrent registered agent and registered office on file with the		
Business Filings, Incorpo	orated		
660 East Jefferson St. Tallahassee			
Florida 32301. Located in the County of Leon			
6. The name and street address of the n (if changed): Nura Washington	Ilahassee In the County of Leon In the Coun		
18790 US Highway 301	South Wimauma		
(P.O. Box N	IOT acceptable)		
Florida 33598. Located in	n the County of Hillsborough		
agent, as changed will be identical.	ce and the street address of the business office of its registered		
authorized by the board of the corpora			
(Signature of an officer or director)	(Printed or typed name and title)		
comply with the provisions of all statut and I am familiar with and accept the c is being filed merely to reflect a change corporation has been notified in writing the land of the land o	July, 14 th 2005		
7 (Signiature of Registered Agent) If signing on behalf of an entity: N/A (Typed or Printed Name)	(Date)		

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