P05000012733

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500058421955

08/17/05--01014--018 **35.00



No 8-19

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Jusion Liquon Inc. (Name of corporation)						
DOCUMENT NUMBER: 2050000 1273 3						
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:						
(Name of contact person)						
(Name of contact person)						
Jas-on Liquer Inc (Firm/Company)						
(Firm/Company)						
9280 W. Commoner / B/00. By 5						
·						
(City/state and zip code)						
For further information concerning this matter, please call:						
(Name of contact person) at (954) 8/5-4655 (Area code & daytime telephone number)						
(Name of contact person) (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 P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319						
Digis form is to enfonge Appears of fusion liquor INC.						
#5323						
CRZE045(6/04) 35-00						

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

Pursuant to the pi	rovisions of section	is 607.0502, 617.0502	, 607.1508, or 617.150	8, Florida Statut	es. this/
			ed under the laws of th		
in order	to change its regis	tered office or register	red agent, or both, in th	e State of Florida	a.
1. The name of the	e corporation:	fusion ,	Liquor, In	<u></u>	
2. The principal of	ffice address:	9280 wc	zennokciej	1 15/00	- Bay 5
	 	Sungis 6	1/3335	/	
3. The mailing add	dress (if different);	9280 00	Commond	(a) 16/0	10-1894 S
	·	Sunas	<i>E 7/.</i> 333	5/	
4. Date of incorpo	ration/qualification	1/25/05	Document number	Po5000	012733
5. The name and s Florida Departn		current registered age	ent and registered office	e on file with the	
_	MARK	A SINGE	/		
	•	E. oak/xx	1	Du Es	
		uponoala	7/33300	SAF	PFT 86
6. The name and si (if changed):	treet address of the	new registered agent	(if changed) and /or reg	gistered office	TO PH H
		(P.O. Box NOT socceptable)			7E 26
The street address as changed will be	of its registered of identical.	office and the street ad	dress of the business	office of its regis	stered agent,
Such change was authorized by the	authorized by reso board, of the corp	olution duly adopted boration has been notifi	by its board of director fied in writing of the c	rs or by an office hange.	r so
-//	of an officer or director)		Loyer HE	e TVO	7 '2''
hereby accept the further agree to find the further agree to firm duties, and discument is being corporation has be		registered agent and rovisions of all statut and accept the oblig flect a change in the liting of this change.	agree to act in this capes relative to the proper ation of my position as registered office addre	n waits:	performance it. Or, if this firm that the
(Signa	ture of Registered Agent		(D	ato)	
f signing on beha	lf of an entity:				
(Typ)	ed or Printed Name)				