P85000015642

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TALL AHASSEE FLORID

COVER LETTER

TO: Amendment Section Division of Corporations	·
SUBJECT: MAAGE INC (Name of C	orporation)
DOCUMENT NUMBER: P05000015642	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
ANTHONY A FRANCO	
(Name of Co	ntact Person)
MAAGE II	
(Firm/Co	ompany)
213 SW RIDGECREST DRIVE	
(Add	ress)
PORT SAINT LUCIE, FLORIDA (City/State ar	
` •	•
For further information concerning this matter, please of	cair.
ANTHONY FRANCOIS	at (954) 410-3744 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depart	tment 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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz r to change its registered office or register	zed under the laws of the State of FLOF	RIDA
1. The name of t	the corporation: MAAGE INC		
	office address: 213 SW RIDGECREST DI	RIVE, PORT ST LUCIE, FLORIDA 349	53

3. The mailing a	ddress (if different): 213 SW RIDGECRE	EST DRIVE, PORT ST LUCIE, FLORI	DA 34953
4. Date of incorp	poration/qualification: 01/31/2005	Document number: P0500001564	42
	I street address of the current registered age tment of State:	ent and registered office on file with the	;
	ARMANDO E BURBANK		
	2881 NE 33CT H	>	, o
	FORT LAUDERDALE FL 33306		SECOND SECOND
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	TARY UF
	ARMANDO E BURBANK		7:4
	213 SW RIDGECREST DRIVE		TE A.9
	(P.O. Box NOT acceptable) PORT ST LUCIE, FLORIDA 349	353	
	the state of the s		
	ess of its registered office and the street a be identical.		
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officified in writing of the change.	er so
(Signa)	urkortsirkotticer or agreetor)	ANTHONY A FRANCOIS DIRECT	ror
I hereby accept I further agree of my diales, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the obliging fifth merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete gation of my position as registered age registered office address, I hereby co	e performance ent. Or, if this nfirm that the
PATIAN	A Hanne See	06/07/2007	
If aigning on be	shalf of an antitu	(Date)	•
ri zigimig on be	half of an entity:		
	Typed or Printed Name)		

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