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TO: Amendment Section
Division of Corporations

SUBJECT: Four Management, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000086717

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:

James B. Lyon, Esq.
(Name of Contact Person)

James B. Lyon, P.A.
(Firm/Company)

3300 University Drive, Suite 802
(Address)

Coral Springs, Florida 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

James B. Lyon, Esq. at (954) 752-3400
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

cc: Four Management, Inc.
CR2E045 (8/05)

