P.05000 102359

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (,, |
| (Document Number) |
| (Document Number) |
| 0.15.10.1 |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ALLAHASSEF, FINDER

J. S. Sport

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: BUSINESS DISCUVERY FIC. (Name of Corporation) |
| DOCUMENT NUMBER: P 050001 02359 |
| 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) |
| (Firm/Company) |
| 3240 INDIAN TRAIL (Address) |
| EVSTIS, FL 32726 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (407) 620 - 6185 (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 prostatement of change | v | | | | | | |
|---|---|--|---|---|--|----------------------|---|
| | e is suomitiea for t o change its regist | | | | | | |
| 1. The name of the | corporation: | BUSINES. | s Disc | COVERY, | INC | | |
| 2. The principal of | fice address: | 601 N. | NEW | york A | VE_ | | |
| | | WINTER | - PAR | ek, FL | 327 | 789 | |
| 3. The mailing add | ress (if different):_ | | | | | _ | |
| 4. Date of incorpor | ration/qualification | : 7/21. | 105 | Document nur | mber: | P0500 | 0102359 |
| 5. The name and st Florida Departm | reet address of the | | | | | | |
| | DAUI | B BLU | MBER | 6 y | | | |
| | 3520 | 7 HARD 3URG, F | son S | HORES 1 | RD | TALL. | 8 |
| _ | | , | | | | CRETAR) LAHASSI | |
| 6. The name and st (if changed): | reet address of the | new registered | l agent (if c | hanged) and /o | or register | ed office, Fin | S E S S D D D D D D D D D D D D D D D D |
| | 1) Au | D L. | 13 L U | MBERL | | | 02 |
| | 3240 | /NDIAN (P.O. Box NOT acce | JTR | AIL | | | |
| | | S, FZ | | | | | |
| | | , | | | | <u> </u> | |
| The street address as changed will be | of its registered of identical. | ince and the s | street addre | ess of the busin | ness offic | e of its regis | tered agent, |
| Such change was authorized by the | authorized by reso board, or the corp | olution duly ad oration has be | lopted by i en notified | ts board of dir in writing of | rectors or the chang | by an officer ge. | r so |
| Signatura | of an officer or director | | | | | 3 lumber | , ~ 9 |
| I hereby accept th I further agree to of my duties, and a document is being corporation has b | a annaiutusaut aa | registered age rovisions of al and accept the flect a change ting of this ch | ent and agr I statutes r e obligation in the rega ange. | ee to act in the elative to the in of my positi istered office c | is capacit proper an on as reg address, I | . . | T performance t. Or, if this firm that the |
| | 718h. L | | | 2/6/ | loc | | |
| (Signa | ture of Registered Agent | | | | (Date) | | |
| If signing on beha | If of an entity: | | | | | | |
| (Tr. | ed or Printed Name) | | | | | | |
| (1 Ab | oo or ramou rame) | | | | | | |

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