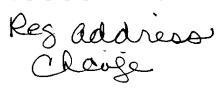
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(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: UNISCIENCE GVOUD INC. Name of Corporation
DOCUMENT NUMBER: POSOCO105339
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
Premier Direct Inc
Address Auc # 201
Delvay Beach, FL 33483 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (301) 378-6080 X 300 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Florida.
1. The name of the corporation: LASCIENCE GVOUD, The,
2. The principal office address: 1350 10 Federal Heavy
DOMPORDO BEACH, FL 33062
3. The mailing address (if different): 777 E Atlantic Acc # 02-379
Levery Bach, FL 33483
4. Date of incorporation/qualification: 7/37/05 Document number: P 05/00/105/359
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
James Aruden ESQ
980 D Federal Hwy # 404
Boca Ratow, FC 33432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James Huden ESQ 55 5
900 D Federal Heavy # 410 Fig. 3
Boca Rator, FC 33432
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
It that the board
Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Minne Marker 1/11/2010 Signature of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
James L. Prudeas Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314