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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: STEPLING BUSTNESS STEATERY P. A. (Name of Corporation)
DOCUMENT NUMBER: P 65000/1090/
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:
PMILIP JOSEPHSON (Name of Contact Person)
(Name of Contact Person)
STEPLING BUSINESS STRATERY (Firm/Company)
(Firm/Company)
2829 BIRD AVENUE, SVITE 5-300
(Address)
MIAMI, FL 33/33 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
PHILIP JSBPHSON at (305) 562 944/ (Name of Contact Person) at (405) 562 944/ (Area Code & Daytime Telephone Number)
(Name of Confact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street 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 provisions of sections 607.	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	oration organized under the laws of the State of FLOW DA office or registered agent, or both, in the State of Florida.	
	- · · · · · · · · · · · · · · · · · · ·	
1. The name of the corporation:	LING BUSINESS STRATERY, PH	
2. The principal office address: 2829	BIRD AVENTE, SVITE 5-300	
MIAT	MI, FL 33/33	
3. The mailing address (if different):	<u> </u>	
4. Date of incorporation/qualification: $\underline{\mathcal{B}}$	10 1 2005 Document number: P0500011 09 01	
5. The name and street address of the currer Florida Department of State:	nt registered agent and registered office on file with the	
Corporate CREATTE	MS NOTWOCK, INC.	
11380 Prospor	erry FREMS ROAD # 2215	
PARM BEACH	MS NOTWOCK, INC. ELTY FARMS ROAD, # 2215 GARDONS, FL 33410	
6. The name and street address of the new registered agent (if changed) and /or registered office of the company of the new registered agent (if changed) and /or registered office of the company of the new registered agent (if changed) and /or registered office of the company of the new registered agent (if changed) and /or registered office of the company of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (
CHE EDDOS	MILIP JOSEPHSON	
	9 BIRD AVENUE SUITE 5-300 SEED AND SEED	
(Р.О. Во	NOT acceptable) I AMII, FL 33133 FT A D	
	(/////////////////////////////////////	
The street address of its registered office a as changed will be identical.	and the street address of the business office of its registered agent,	
	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
(Signature of an officer or director)	PHILIP JOSOPHSON PRESTORNT (Printed or typed name and title)	
I hereby accept the appointment as regist I further agree to comply with the provision of my duties, and I am familiar with and a document is being filed merely to reflect a corporation has been notified in writing a	ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete performance accept the obligation of my position as registered agent. Or, if this a change in the registered office address, I hereby confirm that the af this change.	
Military h	12/14/2006 , (Date)	
If signing on behalf of an entity:		
(Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *
KS PAVARIES TO ELORIDA DEPARTMENT OF STA