85000134622

(Requestor's Name)
(Address)
(
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Soldings copies
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



300135233423

Charge

09/08/08--01036--003 **35.00

FILED
200 SEP -8 PH 12: 07
SEGRETARY OF STATE

POR aliles

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DRIVE SHAFT POWER INC. (Name of Corporation)
DOCUMENT NUMBER: P05000134622
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:
RICHARD MARVEZ (Name of Contact Person)
DRIVESHAFT POWER INC. (Firm/Company)
10101 LANTANA ROAD, UNITK (Address)
LAKE WORTH FL 33449 (City/State and Zip Code)
For further information concerning this matter, please call:
RICHARD MARVEZ at (561) 433-1200 (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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DRIVESHAFT POWER INC
2. The principal office address: 10101 LANTENA ROAD, UNIT K, LAKE WORTH FC 33
3. The mailing address (if different):
4. Date of incorporation/qualification: JAN 1, 2606 Document number: P05000134622
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
OLLIE JONES TI
4138 BLUFF HARBOR WAY
WELLINGTON FL 33449
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RICHARD A. MARVEZ
12609 58 PLACE BORTH (P.O. Box NOT acceptable)
WEST PALM BEACH, FL 3341/
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.
Signature of an officer or director) Richael Mary Andrews (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.
Olling (Signature of Begistered Agent) (Signature of Begistered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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