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COVER LETTER

| (Name of Corporation) OCUMENT NUMBER: P05000144293 the enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. lease return all correspondence concerning this matter to the following: Ani A. Oluku, Esq. (Name of Contact Person) Ani Oluku, P.A. (Firm/Company) P.O. BOX 17391 (Address) TAMPA, FL 33682 (City/State and Zip Code) or further information concerning this matter, please call: ani Oluku, Esq. at (813) 775-8877 | UBJECT: Ani Oluku, P.A. | |
|--|---|----------------|
| Ani A. Oluku, Esq. (Name of Contact Person) Ani Oluku, P.A. (Firm/Company) P.O. BOX 17391 (Address) TAMPA, FL 33682 (City/State and Zip Code) for further information concerning this matter, please call: | (Name of Corporation) | _ |
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| | (City/State and Zip Code) | _ |
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| | Ani Oluku, Esq. at (813) 775-8877 | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) | (Name of Contact Person) (Area Code & Daytime Te | ephone Number) |

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

| 1. The name of | f the corporation: Ani Oluku, P.A. | | |
|--|---|--|--------------------------|
| 2. The principa | al office address: 4819 E. BUSCH BLVD. | , Suite 206-4, Tampa, FL 33617 | |
| 3. The mailing | address (if different): P.O. BOX 17391, | Tampa, FL 33682 | |
| 4. Date of inco | rporation/qualification: 10/25/2005 | Document number: P050 | 00144293 |
| | nd street address of the current registered artment of State: | agent and registered office on file | with the |
| • | Ani A. Oluku | | |
| | 2202 N. Westshore Blvd., Suit | e 200, | |
| | Tampa, FL 33607 | | 700 |
| 6. The name ar (if changed): | nd street address of the new registered age | ent (if changed) and /or registered | FILE NN 28 TASSE |
| | 4819 E. BUSCH BLVD., Suite | | |
| | (P.O. Box NOT acceptable Tampa, FL 33617 | e) | ATE ATE |
| The street address changed will | ress of its registered office and the stree | t address of the business office of | of its registered agent, |
| Such change wanthorized by | vas authorized by resolution duly adopte the board, or the corporation has been n | ed by its board of directors or by otified in writing of the change. | an officer so |
| (Signa | iture of an officer or director) | Ani A. Oluku- President | and title) |
| hereby accep further agree of my duties, a locument is be corporation ha | of the appointment as registered agent a to comply with the provisions of all sta and I am familiar with and accept the ob- eing filed merely to reflect a change in the as been notified in writing of this change | | . . O. |
| (S | ignature of Registered Agent) | O1-24-2 (Date) | DDR |
| | ehalf of an entity: | | |

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