

FILED
Apr 28, 2008 08:00 AM
Secretary of State



4. FEI Number 20-4003599	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

DATE _____

\$5.00 May Be
Added to Fees

05/20/02-0058-011-150.00

DO NOT WRITE
IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

- Daytime Phone #