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RA Change

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Reliable 7,71e & Escion INC. (Name of Corporation)
DOCU	MENT NUMBER: PO 6000 15432
The en	sclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	DAMA STRIN BOSG (Name of Contact Person)
	(Name of Contact Person)
	Reliable Title & Escrewine (Firm/Company)
	7471 W CAK (AND PARK BE W) # 110
	FT (AJOJJALE, FC. 53319 (City/State and Zip Code)
For fu	ther information concerning this matter, please call:
	(Name of Contact Person) at (954) 6/0 - 4/2 (Area Code & Daytime Telephone Number)
Enclos	ed 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

TO:

' 'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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