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





800106089928

07/23/07--01047--003 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: MATZA MARKETING INC.			
(Name of Corporation)			
DOCUMENT NUMBER: P06000045868			
The enclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
TAHIR MALIK			
(Name of Contact Person)			
(Firm/Company)			
(Fini/Company)			
755 SILVER CLOUD CIRCLE APT#2	203		
(Address)			
LAKE MARRY FL 32746			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
TAHIR MALIK	407 \ \ 451-6174		
(Name of Contact Person)	407) 451-6174 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section	Street Address:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	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, 617.050 statement of change is submitted for a corporation organ	nized under the laws of the State of FLORIDA
in order to change its registered office or regist	-
1. The name of the corporation: MATZA MARKETING II	
2. The principal office address: 851 SR 434 SUITE 120-	122 FLORIDA 32750
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/30/2006	Document number: P06000045868
5. The name and street address of the current registered a Florida Department of State:	agent and registered office on file with the
TAHIR MALIK	
505 Macaw L Fern Park, Fl.	n Apt. 9 Uni 十颗08 3a730
6. The name and street address of the new registered ages (if changed):	FLOFF STA
755 Silver Cla (P.O. Box NOT acceptable	oud Cir Apt203 FA &
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the local or include the house of the conference of t	
(Signature of an officer or director)	TAHIR MALIK, PRESIDENT (Printed or typed name and title)
hereby accept the appointment as registered agent and further agree to comply with the provisions of all states of my duties, and I am familiar with and accept the object of the countries being filed merely to reflect a change in the corporation has been notified in writing of this change	ad agree to act in this capacity,
(Signature of Registered Agent)	(Date)
f 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

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