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TO: Amendment Section Division of Corporations
SUBJECT: NCW EYA MOY TOCAL GYOUP COVD. (Name of Corporation)
DOCUMENT NUMBER: POG 0000 57426
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:
TYIS M. SICYICI (Name of Contact Person)
Now EVA MONTOCOC ENOUP COMP.
1790 W 49 STYCCT, STC 201 (Address)
HIGHCON, FI 33012 (City/State and Zip Code)
For further information concerning this matter, please call:
TANAM GUNAY PCZ at (TM) SSQ 5820 (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 Floy ICL in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: 4171 O Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): (P.O. Box NOT acceptable) 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 authofized by resolution duly adopted by its board of directors or by an officer so authorized by the hope. or the corporation has been notified in writing of the change. an officer or director) 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 provided in writing of this change. Registered Agent) 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

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