P06000147499

| (Requestor's Name) | | | | |
|---|--------------------|--|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | <i>; #</i>) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | • | | | |
|---|---|--|--|--|--|
| SUBJI | ECT: The Susan Bari Company: Imagir (Name of Co | ne, Plan, Execute | | | |
| DOCU | MENT NUMBER: P06000147499 | | | | |
| The en | closed Statement of Change of Registered Office/ | Agent and fee are submitted for filing. | | | |
| Please | return all correspondence concerning this matter t | o the following: | | | |
| | Susan Phillips Bari (Name of Cont | act Person) | | | |
| The Susan Bari Company: Imagine, Plan, Execute (Firm/Company) | | | | | |
| 401 E. Los Olas Blvd., #1450 (Address) | | | | | |
| | Fort Lauderdale, FL 33301 | | | | |
| | (City/State and Zip Code) | | | | |
| For fur | ther information concerning this matter, please ca | II: | | | |
| Susan | Phillips Bari (Name of Contact Person) | at (954) 332-2457 (Area Code & Daytime Telephone Number) | | | |
| Enclos | ed is a \$35.00 check made payable to the Departm | nent 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

| | e provisions of sections 607.0502, 617.050 hange is submitted for a corporation organ | | |
|-----------------------------------|--|---|--|
| in ord | der to change its registered office or registe | ered agent, or both, in the State of Flo | riða. |
| 1. The name of | f the corporation: The Susan Bari Compar | ny: Imagine, Plan, Execute | |
| - • | al office address: <u>401 E. Los Olas Blvd., #</u> erdale, FL 33301 | 1450 | |
| 3. The mailing | address (if different): | | |
| 4. Date of inco | orporation/qualification: 11/28/2006 | Document number: P0600014 | 7400 2 |
| | nd street address of the current registered a artment of State: | gent and registered office on file with | OCT -I |
| | Richard Bari | | ED # |
| | 17394 Antigua Point Way | | ညီလူ ထု |
| | Boca Raton, FL 33487 | . P.C. | AN 32 |
| 6. The name ar (if changed): | nd street address of the new registered ager | nt (if changed) and /or registered office | : |
| | Susan Phillips Bari | <u> </u> | |
| | 401 E. Los Olas Blvd., #1450 | | |
| | (P.O. Box NOT acceptable) | | |
| | Fort Lauderdale, FL 33301 | | |
| The street address changed will | ress of its registered office and the street ll be identical. | address of the business office of its r | egistered agent, |
| Such change wanthorized by | vas authorized by resolution duly adopted the board, or the corporation has been no | I by its board of directors or by an of tified in writing of the change. | fficer so |
| MAGIETA | M Hellew Joru | Susan Phillips Bari (Printed or typed name and title |) |
| of my duties, a document is be | of the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the oblining filed merely to reflect a change in the as been notified in writing of this change. | utes relative to the proper and compl igation of my position as registered of e registered office address. I hereby | lete performance igent. Or, if this confirm that the |
| clist a | in stillathi | September 25, 2007 | |
| | pehalf of an entity: | (Date) | |
| | | | |
| | (Typed or Printed Name) | 4° | |

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