P13619

INQUIP ASSOCIATES, INC.
P.O. BOX 2182
SANTA BARBARA, CA 93120

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300029221253

02/26/04--01041--009 **35.00

FILED
04 FEB 26 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Nevada *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Inquip Associates, inc.

2. The principal office address: 2100 Anacapa Street

   Santa Barbara, CA 93105

3. The mailing address (if different): P. O. Box 2182, Santa Barbara, CA 93120

4. Date of incorporation/qualification: 03/16/1987 Document number: P13619

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   CT Corporation System

   1200 S. Pine Island Road

   Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Incorp Services, Inc.

   103 North Meridian Street

   (P.O. Box or personal mailbox NOT acceptable)

   Tallahassee, FL 32301

FILED
04 FEB 26 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

OSCAR E. HANSEN, PRESIDENT
(Printed or typed name and title)

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 notified in writing of this change.

(Signature of Registered Agent)

2-19-04
(Date)

If signing on behalf of an entity:

Doug Ansell
(Typed or Printed Name)

Director of Operations
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314