, / *	P192	.89	
Required to the second of the	estor's Name MacAthur Blish Address Address Phone #		02503867—-2 07/31/98—01041—008 *****35.00 *****35.00 e Only
CORPORATION N	AME(S) & DOCUMENT NUM	BER(S), (if known):	
1. <u>(Corpor</u>	ation Name) (Do	ocument #)	
2(Corpor	ration Name) (Do	ocument #)	
3. (Corpor	ation Name) (De	ocument #)	
4(Corpor	ration Name) (De	ocument #)	
☐ Walk in ☐	Pick up time	Certified Copy	,
☐ Mail out ☐	Will wait Photocopy	Certificate of S	Status
NEW FILINGS	AMENDMENTS	ा पार हो स्थान पुरस् 	98 SECI
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Dire	etor	SSEE SSEE
Limited Liability	Change of Registered Agent		. 변영 미 고 프 스 트 및
Domestication	Dissolution/Withdrawal		8: 45 TATE ORIDA
Other	Merger		X ^{TT} 5
OTHER FILINGS	REGISTRATION/		

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
 Trademark
Other

8-3-98

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

	e provisions of sections 607.0502, 617.050 prporation organized under the laws of the		Florida Statutes, the
submits the foll	owing statement in order to change its reg	istered office or registered	agent, or both, in the
State of Florida			
1. The name of	the corporation is: RAQUETTE SAL	ES DIVISION INC.	
			e <u></u>
2. The mailing a	address of the corporation is: 1801 C	lint Moore Road,	Suite 200
	Boca R	aton, FL 33487-27	52
3. Date of inco	rporation/qualification: 05/18/88	Document number:	P19289
4. The name an	d address of the current registered agent an	d office:	
	Lucille Codron		98 SE TAL
	4500 N.W. 24th Terrace		ORE:
	Boca Raton, FL 33432		ASSI L 3
5. The name an	d address of the new registered agent and o	office: (P. O. Box Not Acce	ptable) T
	Lucille Codron	•	
	1515 S. Federal Highway, S	Suite 303	8: 45 ATE ORIDA
	Boca Raton, FL 33432		-
The street addragent, as change	ess of its registered office and the street a ed, will be identical.	address of the business off	ice of its registered
	as authorized by resolution duly adopted he board.		
			20/98
(Signatur	e offan officer, chairman or vice chairman of the		(Date)
Luci	.lle Codron (President)		
	(Printed or typed name and title)	S. B. Sameran Sameran	(Date)
Having been no corporation, I I further agree performance of registered ager	amed as registered agent and to accept shereby accept the appointment as registe to comply with the provisions of all state from duties, and I am familiar with and a factorial.	ervice of process for the a red agent and agree to ac ites relative to the proper accept the obligation of my	bove stated t in this capacity. and complete position as
Teaux	Mar		20/98
If signing on beha	Aghature of Registered Agent)	(Da	te)
0.5 011 00110	or an onerty,		
(Typed or Printed Name)	(Capacity	y) ,
CR2E045(4/95)			FII INC FFF. \$25.00

FILING FEE: \$35.00