

P93000017083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

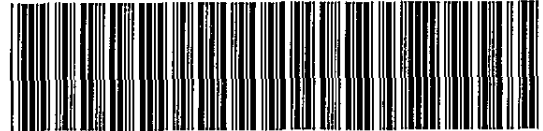
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/26/03--01043--007 \*\*35.00

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 MAR 26 AM 11:35

2003 MAR 26 PM 12:17

RECEIVED

FILED

C. Coulliette MAR 26 2003

**CT CORPORATION**

March 26, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5805668 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Offshore Management Group, Inc. (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman  
Fulfillment Specialist  
Katrina\_Forsman@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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,  
the undersigned corporation organized under the laws of the State of Florida  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.*

1. The name of the corporation : OFFSHORE MANAGEMENT GROUP, INC.
2. The mailing address of the corporation : 350 S. Country Road., Suite 201  
Palm Beach, Florida 33480
3. Date of incorporation/qualification: 03/08/1993 Document number: P9300097083
4. The name and address of the current registered agent and office:

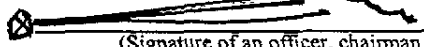
W. Lawrence Leneve  
350 S. Country Road, Suite 201  
Palm Beach, Fl. 33480

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  
(P. O. Box Not Acceptable)

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road,  
Plantation, Florida 33324


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.

 \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature of an officer, chairman or vice chairman of the board)  
Genius Wells

\_\_\_\_\_  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

C T Corporation System  
By: 

3/11/03  
(Date)

If signing on behalf of an entity:  
James A. Bordonaro  
Assistant Secretary

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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