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J. KELLY KENNEDY CYNTHIA CROFOOT RIGNANESE MAILING ADDRESS: POST OFFICE BOX 7604 WINTER HAVEN, FLORIDA 33883-7604

October 12, 1998

P93000032113

Mrs. Sandra B. Mortham Secretary of State The Capitol Tallahassee, Florida 32304

-10/14/98--01078--004 ******35.00 ******35.0

RE: THU-THUY NGUYEN, INC.

Dear Mrs. Mortham:

Enclosed herewith for filing is the Statement of Change of Registered Agent/Office for the above-referenced corporation which was incorporated on May 4, 1993, Document Number P93000032113.

My law firm's check in the amount of \$35.00 is enclosed to cover the filing fee.

Thank you for your cooperation in this matter.

Sincerety yours,

CYNTHIA CROFOOT RIGNANESE, ESQUIRE

CCR/rh

Enclosures

10-1208 KA (40-08

SECRETARY OF STATE

Florida Department of State, Jim Smith, Secretary of State

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. 1a. The name of the corporation is: THU-THUY NGUYEN, INC.	
2. The name and address of the current registered agent and office: ANHTUAN T. NGUYEN	98 OCT
1372 ST RD 60 EAST, LAKE WALES, FL 33853	ASS = ASS
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) PETER PHAM	AM IO: 5
1372 ST RD 60 EAST, LAKE WALES, FL 33853	
The street address of its registered agent and the street address of the to of its registered agent as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of an officer so authorized by the board.	directors or by
Anhtuan T. Nguyen, SIGNATURE Typed or printed name ar DATE	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REAGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPERTIES PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AN THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	DESIGNATED EGISTERED TO COMPLY ER AND COM-

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DATE AUGUST

FII ING FEE: \$35.00