P9300062710

Symbium Software Group 4960 SW 72 Ave. Suite 201 Miami, FL 33155 www.restez.com

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	<u>AMENDMENTS</u>	
Profit	☐ Amendment	
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Domestication	Dissolution/Withdrawal	-
Other	☐ Merger	
OTHER EILINGS	REGISTRATION/QUALIFICATION	
OTHER FILINGS		
Annual Report	Foreign	
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	Reinstatement	
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CR2E031(7/97)

Examiner's Initials

T BROWN AUG - 3 2001

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

1. The name of the corporation: SYMBIONT SOFTWARE GROUP, INC. 2. The mailing address of the corporation: 4960 SW 72 AVE SUITE 201 HIATI FL 33/55 3. Date of incorporation/qualification: 9/2/1993 Document number: P93000062710 4. The name and address of the current registered agent and office: DAVID SCHILLING 7701 NW 56 ST HIATI FL 33/66 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) an	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
1. The name of the corporation: SYMBIONT SOFTWARE GROUP, INC. 2. The mailing address of the corporation: 4960 SW 72 AVE SUITE 201 HIATI FL 33/55 3. Date of incorporation/qualification: 9/2/1993 Document number: P93000062710 4. The name and address of the current registered agent and office: DAVID SCHILLING 7701 NW 56 ST HIAMI FL 33/66 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable) ALFREDO FAUBEL 5940 SW 79 ST HIAMI FL 33/43 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 anyborized by resolution duly adopted by its board of directors or by an officer so authorized by the loard (Signature of an officer, chairman or vice chairman of the beard) ROMEN FULES (Prince or typed name and title) Having been named as registered agent and to accept service of process for the above stated to proporation, I hereby accept the appointment as registered agent and agree to act mixed capacity, further agree to comply with the provisions of all statutes relative to the proper and complete reformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent. (Signature of Registered Agent)	submits the following statement in order to change its registered office or registered agent, or both, in
2. The mailing address of the corporation: 4960 SW 72 AVE SUITE 201 MAPI FL 33/55	evi.
2. The mailing address of the corporation: 4960 SW 72 AVE SUTE 201 HAMI FL 33/55	
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A. The name and address of the current registered agent and office: DAVID SCHILLING 7701 NW 56 ST MIAMI FL 33166 S. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable) ALFREDO FAUBEL 5940 SW 79 ST MIAMI FL 33/43 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 loard. (Signature of an officer, chairman or vice chairman of the beard) ROMAN (EUES SP) (Printed or typed name and title)	3. Date of incorporation/qualification: 9/2/1993 Document number: P9300062710
DAVID SCHILLING 7701 NW 56 ST HIATI FL 33166 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable) ALFREDO FAUBEL 5940 SW 79 ST HIATI FL 33143 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 loard. (Signature of an officer, chairman or vice chairmen of the beard) ROMAN FELEN SP (Printed or typed name and title) Flaving been named as registered agent and to accept service of process for the above stated to report of the agree to comply with the provisions of all statutes relative to the proper and complete vertormance of my duties, and I am familiar with and accept the obligation of my position as egistered agent. (Signature of Registered Agent) (Signature of Registered Agent) (Date)	
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(Signature of Registered Agent) (Date)	Mad Fauld 7/26/01
(Tarada Dia 199	(Signature of Registered Agent) (Date)
(Typed or Printed Name) (Capacity)	f signing on behalf of an entity:
(outrout),	(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *	

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