## P9400055365





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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

RD chg MD 8/8

## **COVER LETTER**

Division of Corporations
SUBJECT:
· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P94000055 365
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAM TODYWALA
(Name of Contact Person)
Willenium time Inc
(Firm/Company)
401 BISCAYNE BLVD. # S-143
(Address)
MIAM), FL, 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
10FI - PFE ( 205 ) 18 Alawadot MAZ
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the prostatement of chang	ge is submitted	for a corp	0502, 617.0502, 60 poration organized office or registered	under the law	s of the State of	FIORICA
1. The name of the			ENIUM T			
2. The principal of	fice address:	401	Biscayne	Blvd,	S-143	- MIBMI, FL, 331
3. The mailing add	ress (if differen	nt):				
4. Date of incorpor	ration/qualifica	tion: <b>0</b>	124/1994	Document n	umber; P9	4000055365
5. The name and st Florida Departm	reet address of		•		l office on file v	vith the
·	SAM T	ODYV	VALA			_
	401 Bi	scayı	ne Blud.	A 5-14	9	
			,33131			DIVISION OR AUG
6. The name and st (if changed):		_	registered agent (if	changed) and	or registered o	TAR!
	401 B	isca	rne Blvd	# 5.	143	FD STATE ORPORATION PH 3: 05
		(P.O. Bo	NOT acceptable)			- S ONS
The street address as changed will be	of its registere	d office a	and the street addr	ess of the bus	iness office of	its registered agent,
Such change was a authorized by the h	outhorized by the co		n duly adopted by in has been notified	SAM 1	TODY WALL	<b>-</b>
•	e appointment comply with the am familiar w filed merely to the notified in		ered agent and agions of all statutes in accept the obligation of the region of this change in the region of this change.	ree to act in to relative to the on of my posi istered office	ed or typed name and his capacity, proper and co tion as register address, I here	mplete performance ed agent. Or, if this eby confirm that the
	ure of Registered A	gent)	· ·		(Date)	,
f signing on behal	f of an entity:					
1	4 - D				•	
(Турес	d or Printed Name)	* * *	FILING FEE: \$	35.00 * * *		•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)