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## REGISTERED AGENT CHANGE

SPACE ACCESS INNOVATIONS, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED A CENT ON SOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida	is	
in ord	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Space Access Innovations, Inc.		
2. The principal	office address: 16105 SW 74th Ct., Miami, Florida, 33157		_
3. The mailing	address (if different):		<u> </u>
4. Date of incor	poration/qualification: 12/06/94 Document number: P94000088105		_
	d street address of the current registered agent and registered office on file with the riment of State:		
	Richard M Bezold, Esq.	SEG	27
	1 S.E. 3rd Ave., 28th Floor	NET NET	TOFC 20 PM
	Miami, Florida 33157	SSE	20 P
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered office	CRETARY OF STATE	PM 2:
	CorpDirect Agents, Inc.	RICE	39
	515 East Park Avenue		
	(P.O. Box NOT acceptable)		
	Tallahassee, Florida 32301		
as changed will		i agent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.		
A Copie	2 S 2 Unit 575PHEN G WURST PRESIDENT (Printed or typed name and title)	<u> </u>	
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligation of my position as registered agent. Of the filed merely to reflect a change in the registered office address. Thereby confirm to be performed in writing of this change.	ormance r, if this that the	
	gnature of Registered Agent) 12/20/07 (Date)		
U If signing on be	chalf of an entity:		
	Assistant Secretary		
(1	Typed or Printed Name)		ı
	* * * 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)

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