Recuestor's Name



1750 University Drive, Suite 111

900002377599--3 -12/19/97--01045--009 *****35.00 ******35.00

Office Use Only

CORPURATIO	ENT NUMBER(S), (if known):
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Profit	Amendment Ass 9
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Change of Registered Agent Dissolution/Withdrawal Merger Resignation of R.A., Officer/ Director Change of Registered Agent SSET 19 No. 17 STATUTE OF STATUTE O
OTHER FILINGS	S REGISTRATION 35
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement
	Trademark

Other

Examiner's Initials

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

Pursuant to the provisions undersigned corporation or			or 617.1508, Florida Statutes, th Florida	е -
submits the following states State of Florida.	nent in order to change	e its registered office	or registered agent, or hoth, in th	ie
1. The name of the corporat	tion is: CAB Cle	aners, Inc.		
			ty Drive, Suite 111	
Coral Springs,	FL 33071			
			ment number. <u>P9500001706</u>	4
4. The name and address of	the current registered	agent and office:		
<u>Kei</u> t	h J. Kanouse.		<i>v.</i>	
	N. Federal Hw			
5. The name and address of	Raton, FL 33. The new registered age	4.3.1 ent and office: (P. O.	Box Not Acceptable	A.
Gera	rd P. Teeven		Fig. 3	<u>:</u>
1750	University Dr.	ive, Suite 11	1	بر ص ک
	al Springs, FL		7	
The street address of its reagent, as changed, will be	egistered office and the identical.	e street address of t	he business office of its registere	:d
Such change was authorized by the board.	zed by resolution duly	adopted by its boar	d of directors or by an officer so	ı
feel of	fer.	· - ·	[215197	
(Signature of an officer,	chairman or vice chairman	of the board)	(Date)	
Gerard J. Tee	ven, President	·	12/15/97	
•	ted or typed name and title)		(Date)	
corporation, I hereby acc	ept the appointment a with the provisions of and I am familiar wi	s registered agent of all statutes relative th and accept the o	rocess for the above stated and agree to act in this capacity. e to the proper and complete bligation of my position as	
(duty)	P. Tell.	m	12/15/97	
(Signature of I	Registered Agent)	· · · · · · · · · · · · · · · · · · ·	(Date)	
If signing on behalf of an enti	ty:	-		
Gerard P. Tee	ven	E>	recutive Vice President	t
(Typed or Pri	nted Name)		(Capacity)	

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