Moshe Horeno 17790 S.W. 2nd st Pembroke Pines, 01 33029 City/State/Zip Phone# Office Use Only (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Certified Copy Pick up time Will wait Photocopy Certificate of Status Mail out NEW FILINGS **AMENDMENTS** Amendment Profit Resignation of R.A., Officer/ Director NonProfit 200002304542--8 -09/26/97--01045--004 *****35.00 *****35.00 Limited Liability Change of Registered Agent Dissolution/Withdrawal **Domestication** Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(1/95)

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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

Flori	ant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, a Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office listered agent, or both, in the State of Florida.	
1a. ٦	ne name of the corporation is: CYMKA, INC.	
1b.	Date of incorporation November 28, 1995 Document number P950000908	31
2.	he name and address of the current registered agent and office: J. CYNTHIA MORENO 17790 S.W. 2nd Street Pembroke Pines, FL 33029	•
		1
3. T	e name and address of the new registered agent and office:)
	MOSHE MORENO = 55	
	17790 S.W. 2nd Street Pembroke Pines, FL 33029	
of it	change was authorized by resolution duly adopted by its board of directors or by ficer so authorized by the board. J. CYNTHIA MORENO Typed or printed name and title DATE	
PRO IN T AG WIT PLE	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED NT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY IT THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMFIE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE (Registered Agent)	
	DATE September 19, 1997	

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

FILING FEE: \$35.00

CR2E045 (7-91)