## P9500003240 InterCard International, Inc.

1440 Coral Ridge Drive #290 • Coral Springs FL 33071 • Tel: 954 575 1774 • Fax: 954 575 2556

800004530368--4 -08/13/01--01076--025 \*\*\*\*\*35.00 \*\*\*\*\*35.00

June 28, 2001

Division of Corporations PO Box 6327 Tallahassee FL 32314

FEIN 65-0640850

## Gentlemen:

Please change our place of business, mailing address and Manfred Weise (D/P) address to:

14411 Lexington Place Davie FL 33325

Manfred Weise

President

HAUG 13 AM II: IL

RO Change

8. PAYNE AUG 2 1 2001

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

Pursuant to the provisions of set the undersigned corporation org					Statute:	s,
submits the following statement the State of Florida.					both, i	n
1. The name of the corporation:	InterCard Inte	rnational Inc	c	<u> </u>	<u></u>	<u> </u>
			<u></u>		·	<u></u>
2. The mailing address of the cor	poration: 1440 C	oral Ridge Dı	rive, 290		· · ·	
	Coral	Springs FL 33	3071			
3. Date of incorporation/qualific	ation: <u>Dec. 7, 19</u>	95 Docum	ent number	:_ <u>P9500009</u>	3290	
4. The name and address of the c						
Manfred We	ise					
1440 Coral	Ridge Drive, #2	290				
		.,,,,				-
5. The name and address of the n	ngs FI. 33071 ew registered agent ( (P. O. Box Not	if changed) and/o Acceptable)	r registered	office (if cha	nged):	
Manfred Wei	se	• ,				
14411 Lexi	igton Place			÷ ·	· -	- , -
Davie FL 33			- Manada -	• • •.		F = 47
The street address of its registere agent, as changed, will be identi-	ed office and the stre	et address of the	business of	fice of its reg	zistered	
Such change was authorized by						
authorized by the board.	Jein.	out of 115 court o	dictions	or by an offic	ÆI 80	
(Signature of an officer, chairman	•	and	June	28, <b>01</b>		
MANFRED WEISE		ato,	,	Date)		
(Printed or typed	name and title)		¥.5			.1
Having been named as registere. corporation, I hereby accept the I further agree to comply with th performance of my duties, and I registered agent.	d agent and to accep appointment as regi e provisions of all st am familiar with and	t service of proce stered agent and atutes relative to d accept the oblig	ess for the a agree to ac the proper gation of my	nbove stated et in this capa and complete position as	icity. e	
( amfed 6	Vise	June	28, 01			1
(Signature of Registered	Agent)	·	(Date)	Ē g		
If signing on behalf of an entity:					AUG	
(Typed or Printed Name	)		(Capacity)	65.33 65.33	ယ	
	* * * FILING FEE	E: \$35.00 * * *			3	ö
CR2E045(9/00) DIVISION OF CORPORATIO	NS PO Boy 62		CARTAGORY EV		Ξ	

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