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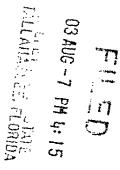
Office Use Only





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State
of Florida. 1. The name of the corporation: Rolff-Enterprices, INC.
2. The principal office address: 713 PINESIDE LANE
NAPLET, FL 34108
3. The mailing address (if different): PO BOX 1/03/0
NAPLES, FL 34/08-0/06
4. Date of incorporation/qualification: 56/96 Document number: P9600040765
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: ARK ANDONY State Sta
6. The name and strew address of the new registered agent (if changed) and for registered office (if girls changed): MIN-CONTINENTAL SECURITIES Corp. 55.55.55.55.55.55.55.55.55.55.55.55.55
113 PINESIAE TANE (F.O. Box or periodial manifolds NOT acceptable) NAOLES, FL 3 K108
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an office, changes of the board) FRANK (Printed or type from and title) ECRETARY BIRECTOR
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signiture of Registred Agent) (Date)
If signing on behalf of an entity: MARK ANTHONY (Typed or Printed Name) REGISTELES AGENT (Capacity)

Make circus payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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