## P96000044018

SAMF\_Inc P.O. Box\_2153 Arcadin F/- 34265

CR2E031 (1-89)

700003440087--2 -10/26/00--01043--004 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

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CORPORATION(S) NAME			
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() NonProfit	() Amendment	() Merge STATE () Market 82	
() Foreign	() Dissolution/Withdrawal	() Marie 2	
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	() Other () Change of R.A.	
() Certified Copy	() Photo Copies	() CUS	
() Call When Ready () Walk In () Mail Out	( ) Call if Problem ( ) Will Wait	() After 4:30 () Pick Up	
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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 27, 2000

SAMF INC. P.O. BOX 2153 ARCADIA, FL 34265

SUBJECT: SAMF INCORPORATED

Ref. Number: P96000044018

We have received your document for SAMF INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain Corporate Specialist

Letter Number: 100A00056087

## TATEMENT 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	
undersigned corporation organized under the laws of the State of	
1. The name of the corporation: SAMF, INCORPORATED	
2. The mailing address of the corporation: 210 W magnoliast 21  Arcadia A 34265  Pr	cadin Fl-34246
3. Date of incorporation/qualification: 7/1/96 Document nur	nber: <u>P9600004401</u> 8
4. The name and address of the current registered agent and registered office:	
NONE	
5. The name and address of the new registered agent (if changed) and /or regist	ered office (if the left):
210 W MANERIST	
Arcadia, Fr 34265	
The street address of its registered office and the street address of the busine agent, as changed, will be identical.	ess office office registered
Such change was authorized by resolution duly adopted by its board of dire authorized by the board.	ctors or by an officer so
/ Xogost	10/20/00
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Folix Boque Presiden T	
Having been named as registered agent and to accept service of process for corporation, I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation registered agent.	to act in this capacity.
41131	1/-
(Signature of Registered Agent) (Dat	10/20/00
If signing on behalf of an entity:	
Fe/1 190908 (Typed or Printed Name) (Cap	pacity)
	marang y
* * * FILING FEE: \$35.00 * * *	

CR2E045(8/99)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314