P96000075478

| (Re | questor's Name) | • | | |
|---|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | WAIT | MAIL. | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



800028276678

02/06/04--01059--006 **35.00

FILEU

4 FEB -6 PM 12: 10

14 FEB -6 PM 12: 10

TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|---|------------------------------|
| SUBJ | ECT: BEYOND THE BASIC WALL, INC. (Name of corporation) | |
| DOC | JMENT NUMBER: P9600075478 | |
| The en | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing | • |
| Please | return all correspondence concerning this matter to the following: | |
| | Scott R. Willinger, Esq. | |
| | (Name of person) | |
| | Sax, Willinger & Gold | OF FR |
| | (Name of firm/company) | E 8 T |
| | 8180 N W 36 Street, Suite 100 | FILED PMI2: 10 LAHASSEE FLOR |
| | (Address) | IZ: 10 |
| | Miami, Florida 33166 | DE |
| | (City/state and zip code) | |
| For fu | rther information concerning this matter, please call: | |
| | Scott R. Willinger, Esq. at (305) 591- (Name of person) (Area code & daytime to | 1040 telephone number) |
| Enclo | sed is a \$35.00 check made payable to the Department of State. | |
| | Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 3232 | ons 99 |

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

| Pursuant to the pr | ovisions of sections 607.0502, | , 617.0502, 607.1508, or 617.1508, F | lorida Statutes, this statement of |
|--|--|--|--|
| _ | | l under the laws of the State ofF | lorida in orde |
| to change its regi | stered office or registered ager | nt, or both, in the State of Florida. | |
| | e corporation: Beyond th | | |
| 2. The principal o | ffice address: 2126 S W | 60 Terrace South, Miramar | , FL 33023 |
| 3. The mailing ad | dress (if different): | | |
| 4. Date of incorpo | oration/qualification: 09/00 | 2/1996 Document number: | P96000075478 |
| 5. The name and s Florida Departr | | gistered agent and registered office on | |
| | Joseph Riz | zzi | |
| _ | 3001 W. Ma | arina Dr. | PEG TE |
| _ | Fort Laude | erdale, FL 33312 | B-6 |
| 6. The name and s (if changed): | street address of the new regist | ered agent (if changed) and /or registe | O4 FEB-6 PH 12: 1 TALLIAHASSEE, FLO |
| _ | Scott R. Wi | illinger, Esq. | DRIDE TO |
| _ | | Street, Suite 100 | |
| | • | or personal mailbox NOT acceptable) | |
| | Miami, Flor | rida 33166 | |
| The street address changed will be i | s of its registered office and t dentical. | he street address of the business offi | ce of its registered agent, as |
| Such change was the board, or the | authorized by resolution dul- corporation has been notified | y adopted by its board of directors of in writing of the change. | r by an officer so authorized by |
| | | | VAUGHN, PRESIDENT |
| I hereby accept the I further agree to duties, and I am feing filed merely | nature of an officer or director) The appointment as registered comply with the provisions of familiar with and accept the control of the control of the control of this change in the revisiting of this change. | qgent and agree to act in this capac of all statutes relative to the proper a obligation of my position as register gistered office address, I hereby con | or typed name and title) ity, ind complete performance of my ed agent. Or, if this document is firm that the corporation has |
| Se Felt. | Willia | i 2/ | 1/03 |
| (S) | gnature of Registered Agent) | | (Date) |
| If signing on beha | alf of an entity: | | · - · |
| (| Typed or Printed Name) | | (Capacity) |

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