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COVER LETTER

10:	Amendment Section Division of Corporations				
SUBJE	CT:	GOLDI (USA),	INC.		
		Name of Corp	oration		
DOCUN	MENT NUMBER:	P9600	0085973		
The encl	losed Statement of Change o	f Registered Office/A	gent and fee are submitte	ed for filing.	
Please re	eturn all correspondence con	cerning this matter to	the following:		
			-		
		HEIKE BU	ISBY		
Name of Contact Person					
ALLURE ACCOUNTING, LLC					
	<u> </u>	Firm/Comp	oany		
3665 BONITA BEACH ROAD, STE. 3					
Address					
		DONITA ODDINO	0 51 04404		
BONITA SPRINGS, FL 34134 City/State and Zip Code					
City/State and Zip Code					
HBUSBY@ALLUREACCOUNTING COM					
HBUSBY@ALLUREACCOUNTING.COM E-mail address: (to be used for future annual report notification)					
			·		
For furth	ner information concerning the	his matter, please call	:		
	MARENA LOEFF	LER	at (239)	992-3355	
	Name of Contact Per	son	at (<u>239</u> Area Code & Daytim	e Telephone Number	
Enclosed	d is a \$35.00 check made pay	able to the Departme	ent of State.		
	Mailing Add	dress:	Street Address:		
	Amendmen	t Section	Amendment Sec		
		Corporations	Division of Cor		
	P.O. Box 6		Clifton Building		
	Tallahaccae	EI 22214	2661 Evecutive	Contar Cirola	

Tallahassee, FL 32301

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 617.1508, Florida Statutes, this

statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: GOLDI (USA) INC. 2. The principal office address: 23650 VIA VENETO BLVD, SUITE 301, BONITA SPRINGS. FL 34134 3. The mailing address (if different): 3665 BONITA BEACH ROAD, STE. 1-3, BONITA SPRING. FL 34134 10/17/1996 P96000085973 4. Date of incorporation/qualification: Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) ANSPACH, ANN CPA 9130 GALLERIA COURT, SUITE 325 NAPLES FL 34109 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ALLURE ACCOUNTING LLC 3665 BONITA BEACH ROAD, STE. 1-3 P.O. Box NOT acceptable **BONITA SPRINGS, FL 34134** 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 corporation has been notified in writing of the change. authorized by the board, or the ERNST TSCHOEKE, PRESIDENT
Printed or typed name and lifte ignature of an officer or directo 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. Signaturelor Registered Agent If signing on behalf of an entity: MARENA LOEFFLER, CPA Typed or Printed Name * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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