

P960000876006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

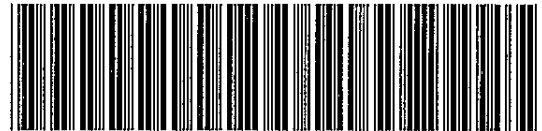
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FILED  
2005 OCT 17 AM 11:05  
TALLAHASSEE FLORIDA

10/20/05

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

2005 OCT 17 AM 11:05

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**SUBJECT:** WHITE LION VAN LINES, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P98000087606

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREG FISCHER  
(Name of contact person)

WHITE LION VAN LINES, INC.  
(Firm/Company)

5030 CHAMPION BLVD, #6-269  
(Address)

BOCA RATON, FL 33496  
(City/state and zip code)

For further information concerning this matter, please call:

GREG FISCHER at ( 561 ) 997-2400  
(Name of contact person) (Area code & daytime telephone number)

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WHITE LION VAN LINES, INC.
2. The principal office address: 5030 CHAMPION BLVD, #6-269  
BOCA RATON, FL 33496
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/21/1996 Document number: P96000087606
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GREG FISCHER

5030 CHAMPION BLVD, #6-269

BOCA RATON, FL 33496

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

HEIDI M. ROTH, ESQUIRE

2600 DOUGLAS ROAD, SUITE 501

(P.O. Box NOT acceptable)

CORAL GABLES, FL 33134

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 officer or director)

GREG FISCHER, PRESIDENT

(Printed or typed name and title)

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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2005 OCT 17 AM 11:05

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