

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

NOVICE'S ACCOUNTING & TAX SERVICE, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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RA Change
9.22.08
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**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: Novice's Accounting & Tax Service, Inc.
2. The principal office address: 805 Virginia Ave, Suite #29 Fort Pierce, FL 34982
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11-08-1996 Document number: P96000093082
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Novice Holden

2506 Delaware Ave

Fort Pierce FL 34947

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

Christine Hamm

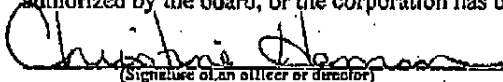
1772 Lakefront Blvd

(P.O. Box NOT acceptable)

Fort Pierce, FL 34982

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

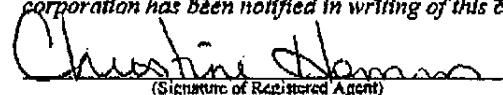
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Christine Hamm, 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)

9-16-08
(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

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