## P9600099030

| (Reque                        | estor's Name)  |           |
|-------------------------------|----------------|-----------|
| (Addre                        | ss)            |           |
|                               |                |           |
| (Addre                        | ss)            |           |
| (City/S                       | tate/Zip/Phon  | e #)      |
| PICK-UP                       | WAIT           | MAIL      |
| (Busine                       | ess Entity Nar | ne)       |
| (Docum                        | nent Number)   |           |
| Certified Copies              | Certificates   | of Status |
| Special Instructions to Filir | ng Officer;    |           |
|                               |                |           |
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Office Use Only





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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: DECON WORLDWIDE NC. (Name of corporation)   |
| DOCUMENT NUMBER: <u>P96 0000 99030</u>   |
| 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:                    |
| Name of person)  Nacon WORLDWIDE, INC.  (Name of firm/company)                               |
| 2652 N.W. 3/57 AVENUE (Address)  |
| Fr. LAUDERDALE Ft. 33311<br>(City/state and zip code)  |
| For further information concerning this matter, please call:                                 |
| (Name of person) at (954) 485-8800 × 137 (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

TO:

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

|   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, f change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State   |
|---|--|
| of Florida.   | 11.  |
| 1. The name of  | the corporation: DECON MORDWIDE, WC.   |
| 2. The principal  | office address: 26.52 N. W. 3187AUGUE  |
|   | FY. LAUSERSALLE, FI. 33311   |
| 3. The mailing a  | ddress (if different):   |
| 4. Date of incorp   | poration/qualification: 12-5-96 Document number: P96 000 99030   |
| 5. The name and   | I street address of the current registered agent and registered office on file with the trnent of State:   |
|   | ROBERT E. PANORE P.A. 9400 S-DADELAND BLUD, SUITE 106 MIAMI, FA. 33156.  |
| 5. The name an changed):  | DRN MULLER GO DECON WORLDWA INC SET OF THE PROPERTY OF THE PRO |
| The street addre<br>igent, as change  | ss of its registered office and the street address of the business office of its registered d will be identical.   |
| <u>.</u>  | s authorized by resolution duly adopted by its board of directors or by an officer so e board or the corporation has been notified in writing of the change.  SARA LEUN PLANT  Chairman or vice chairman of the board)  (Printed or typed name and title)  |
| hereby accept if further agree to performance of registered agent office address, I | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duities, and I am familiar with and accept the obligation of my position as. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change.  7/17/03  The state of Registered Agent)  To fan entity:   |
|   | yped or Printed Name) (Capacity)   |

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