Requestor's Name

Address

TAX SOLUTIONS OF PALM BEACH 400 Executive Center Dr. #209 West Palm Beach, FL 33401

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Office Use Only

Examiner's Initials

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TAX SOLUTIONS OF PALM BEACH

ROBERT KIESLING, P.A. 400 EXECUTIVE CENTER DR. • SUITE 209 • WEST PALM BEACH, FL 33401

3/11/97

ANCHORS' AWAY INC. 2645 S.E. 1ST CT. POMPANO BEACH, FL., 33062

STATEMENT OF CHANGE OF REGISTERED AGENT WAS FILED WITH THE STATE OF FLORIDA/ DIVISON OF CORPORATIONS ON MARCH 11, 1997 AT 4:45PM.

RANDELL ST. GERMAIN IS NOW THE NEW REGISTERED AGENT. ROBERT KIESLING HAS BEEN RELEASED FROM THESE DUTIES AND PERFORMANCES.

SINCERELY,

ROBERT KIESLING, P.A..

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is:
ANCHORS'AWAY ENTERPRISES INC.
1a. Date of incorporation
2. The name and address of the current registered agent and office: 「このBEパア ドルタンルの
Hoo executive Confer Dr. w. P.B. FL. 33461 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) RANDALL ST. GERMALN
2645 S.E. IST. COURT. POMPANO BEACH FL. 33062
The street address of its registered agent 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 of by in officer so authorized by the board.
SIGNATURE (name and title)
DATE MARCH X/27 IAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF GROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 HE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE MEDITAL CONTROL OF MY POSITION AS REGISTERED AGENT. (Registered Agent)
DATE Mar. 8/97
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00