PPRODOD5284

Requestor's Name Valdi Import & Export, Inc. Rt. 11 Box 470-A Lake City, FL 32024 City/State/Zip rnone# Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Will wait Certificate of St Mail out Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Метдет REGISTRATION/ OTHER FILINGS 000002269810-- 4 -08/18/97--01099--004 ******35.00 ******35.00 QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

Examiner's Initials

8/25

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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, the undersigned corporation organized under the laws of the State of Florida Statutes, 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: Valation for the corporation for the
2. The mailing address of the corporation is: R+ 11 Box 470-A Lake City, FL 32024
3. Date of incorporation/qualification: 1-16-97 Document number: P9700000528
4. The name and address of the current registered agent and office:
Corperation Service Company 1201 Hays 5+. Tallahassee, FL 32301 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable R. B. M.
Geo.go M. Miller Sersetang 8-14-97 (Printed or typed name and title) (Date)
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(3/96)