No Return

August 22, 2000

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

In re: Stargate Advisors, Inc. Document number P97000012294

Gentlemen:

Please find enclosed an executed Statement of Change of Registered Office or Registered Agent or both for Corporations. Also enclosed please find our check in the amount of \$ 35.00 in payment of the filing fee.

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Cordially,

Gregory C. Hess

RDD Horge 9-14-DD MTS

## 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 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: Stargate Advisors, Inc.

2. The mailing address of the corporation is: \_\_\_11394 Quarter Horse Trail, Wellington, Florida 33414-0000

3.	Date of incorporation/qualification:	1/22/97	Document number:	P97000012294
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4. The name and address of the current registered agent and office:

Valdes-Fauli Corporate Services, Inc. 777 S. Flagler Drive, Suite 500 East West Palm Beach, FL 33401

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

V. James Zenga **13944** Horse Trail Wellington, FL 33414-0000

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

authorized by resolution duly adopted by its board of directors or by an officer so authorized by Such change

1 A #	. 7/31/00	
(Signature of an offiger, chairman or vice chairman of the board)	(Date)	
U. James Zenga, President		
(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.

INDE		7/31/00	- · ·
If signing on behalf of an entity: V. SHAMES	ZENGA	(Date)	
(Typed or Printed Name)	<del></del>	(Capacity)	· · · · · · · · · · · · · · · ·
***171	LING FEE: \$35 (	<b>`</b>	

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314