

P47000044492

Euro American Financial Services, Inc.

Requestor's Name

5117 Castello Dr., Ste. 1

Address

Naples, FL 34103

City/State/Zip

Phone #

Office Use Only

FILED
97 DEC 10 AM 9:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 700002355717-9
-11/24/97--01128-003
*****35.00 *****35.00

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

VS DEC 11 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

December 4, 1997

EURO-AMERICAN FINANCIAL SERVICES, INC.
5117 CASTELLO DR., SUITE 1
NAPLES, FL 34103

SUBJECT: RUHAN OF FLORIDA, INC.
Ref. Number: P97000044492

We have received your document for RUHAN OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 197A00057347

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: Buhan of Florida, Inc.
2. The mailing address of the corporation is: Buhan of Florida, Inc.
c/o Euro-American Financial Services
5117 Castello Drive, Suite 1, Naples, FL 34103
3. Date of incorporation/qualification: May 15, 1997 Document number: 997000044492
4. The name and address of the current registered agent and office:

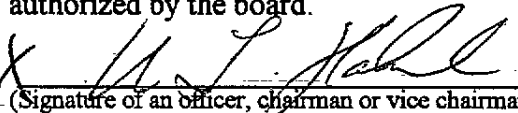
Corporate Agents, Inc. Corporation Service Co.
PO Box 13397 1201 Hays St.
Philadelphia, PA 19101-3397 Tallahassee, FL 32301

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

James W. Amburn
Euro-American Financial Services, Inc.
5117 Castello Dr, Suite 1
Naples, FL 34103

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.

X 
(Signature of an officer, chairman or vice chairman of the board)

12-8-97
(Date)

HANS STANL

(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)

10/9/97
(Date)

If signing on behalf of an entity:

JAMES AMBURN
(Typed or Printed Name)

(Capacity)