P970000 49942

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Amendment Section Division of Corporations

TO:

	OTHER HORDODERTY NIVES	OTMENTO INO				
SUBJECT:	STIMULUS PROPERTY INVESTMENTS, INC. Name of Corporation					
DOCUMENT NU	MBER: P97000049942					
The enclosed Statement of Change of Registered Office/Agent; and fee are submitted for filing.						
Please return all co	orrespondence concerning this matter	to the following:				
	ROBERT V	CAPELLAN .				
_	Name of Contact Person					
STIMULUS PROPERTY INVESTMENTS, INC.						
Firm/Company						
2020 NE 62 STREET						
Address						
FORT LAUDERDALE, FL 33308						
City/State and Zip Code						
ROBVCAPPA@GMAIL.COM -						
E-mail address: (to be used for future annual report notification)						
For further inform	ation concerning this matter, please of	all:				
	DBERT V CAPELLAN	at (954) 295-2698 Area Code & Daytime Telephone Number				
Na	me of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.6	00 check made payable to the Depart	ment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

Pursuant to the provisions of sections statement of change is submitted for a in order to change its registe	corporation organized	l under the laws of the S	State of Florida			
-	5		•			
The families of the corporation.	The name of the corporation: STIMULUS PROPERTY INVESTMENTS, INC. 2020 NE 62 STREET					
2. The principal office address.	FORT LAUDERDALE					
		-, FL 33300	<u> </u>			
3. The mailing address (if different):_		:	<u></u>			
4. Date of incorporation/qualification:	JUNE 6, 1997	**	P97000049942			
5. The name and street address of the Florida Department of State: (If res		t and registered office o	n file with the			
ROBE	ERT V CAPELLAN					
2500	E LAS OLAS BLVD, S	SUITE 607				
FOR	LAUDERDALE, FL	33301	7 88 7			
6. The name and street address of the (if changed):	new registered agent (i	f changed) and /or regis	tered office.			
ROB	ERT V CAPELLAN		E U			
2020	NE 62 STREET P.O Box NOT acce					
FOR	T LAUDERDALE, FL					
The street address of its registered of as changed will be identical.	ffice and the street add	ress of the business off	ice of its registered agent,			
Such change was authorized by reso authorized by the board, or the corpo						
Signature of an officer or director	_	ROBERT V CAPELLA	N as PRESIDENT			
I hereby accept the appointment as real further agree to comply with the preformance of my duties, and I am agent. Or, if this does ment is being hereby confirm that the corporation Signiture of Registered Agent If signing on behalf of an entity:	egistered agent and ag ovisions of all statutes familiar with and acce filed merely to reflect has been notified in w	gree to act in this capac relative to the proper nt the obligation of my	city. and complete position as registered			
ROBERT V CAPELLAN Typed or Printed Name						

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