## **Document Number Only**

CT Corporation System		•
Requestor's Name 660 East Jefferson St	reet	
Address Tallahassee, FL 32310	222-1092	700002812177-
City State Zip	Phone	-03719/99010790 *****35.00 ******3
CORPORATION	ON(S) NAME	Nag.
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() Certified Copy	() Photo Copies	() CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	() Will Wait	() After 4:30 (X) Pick Up
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CR2E031 (1-89)

## 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 617.150 the undersigned corporation organized under the laws of the State of Florida	8, Florida Statutes,
submits the following statement in order to change its registered office or registere	d agent, or both, in
the State of Florida.	=
1. The name of the corporation is: RAMP Design Studios, Inc.	
	<u>±:</u> \
2. The mailing address of the corporation is: 206 Danbury Road	  _ <del></del>
Wilton, CT 06899	·
3. Date of incorporation/qualification: 7/2/97 Document number:	 
4. The name and address of the current registered agent and office:	
Irwin M. Frost	_ - 로~ <b>9</b>
I101 Brickell Avenue	NAR T
Miami, FL 33I31	-
5. The name and address of the new registered agent and office: (P. O. Box Not Acce	ptable)
C T Corporation System	FEGE
c/o C T Corporation System, 1200 South Pine Island Rd	# F
Plantation, Florida 33324	
The street address of its registered office and the street address of the business offic agent, as changed, will be identical.	e of its registered
Such change was authorized by resolution duly adopted by its board of directors or lauthorized by the board.	by an officer so
hat fr	′99 <u>¯</u>
(Signature of an officer chairman or vice chairman of the board) (Dat	e)
Kenneth S. Greenberg	
(Printed or typed name and title)	<b>-2</b>
Having been named as registered agent and to accept service of process for the abo corporation, I hereby accept the appointment as registered agent and agree to act is I further agree to comply with the provisions of all statutes relative to the proper an performance of my duties, and I am familiar with and accept the obligation of my performance.	ve stated 1 this capacity. d complete 2 stition as
Connie By 20 3-19-99 -	. <u>=</u>
Contrib Buyon 3-19-99 (Signature of Baggistered Agent) (Date)	
If signing on behalf of an entry:	- · -:
Connie Bruan, Spec. Asst. Secy (Capacity)	<del></del>
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	- <del>-</del>
CR2E045(7/97)	* *

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS