## P9700071056

Requester's Name			110	
Address	S	-		
City/State/Zip	Phone #			

Office Use Only

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

(Corporation Name)	(Document #)	
2.		9000047464897 -01/02/0201023008
(Corporation Name)	(Document #)	*****35.00 *****35.00
(Corporation Name)	(Document #)	
f(Corporation Name)	(Document #)	·
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	d Agent
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUA  Foreign Limited Partnership Reinstatement Trademark Other	
		· · · · · · · · · · · · · · · · · · ·

CR2E031(7/97)

Examiner's Initials

T RROWN . JAN 1 0 2002

## Florida Department of State, Jim Smith, Secretary of State

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

signed corporation organized under th	807.0502 or 607.1508, Florida Statutes, the under- e laws of the State of FLORE Submits nge its registered office or registered agent for
both, in the State of Florida.	Tige its registered cince of registored agents of
1. The name of the corporation is: ——	CARPHIL INC. 30 30
The name of the corporation is: ——	25, 6
1a. Date of incorporation $\frac{8/15}{2}$	/97
2. The name and address of the curr	
JOSEPH R. GIA	RAMITA, ESQ
	N ST., HOLLYWOOD, FLA. 3302.
3. The name and address of the new re (P.O. Box Not Acceptable) $PHL HENANN$	
7381 W. SAMPLE	ROAD, CORAL SPRINGS, FL. 33029
Such change was authorized by resolu an officer so authorized by the board.	ntion duly adopted by its board of directors or by
, s	GIGNATURE (name and title) This Herann-Sec.
	DATE 12/29/01
	ED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED.	CORPORATION AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, I HEREBY ACC	CEPT THE APPOINTMENT AS REGISTERED CAPACITY. I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STAT	UTES RELATIVE TO THE PROPER ANDICOM-
PLETE PERFORMANCE OF MY DUTIE THE OBLIGATION OF MY POSITION A	S, AND I AM FAMILIAR WITH AND AGGEPT.
	SIGNATURE NO TO STATE OF THE ST
_	(Registered Agent) = I
	DATE 12/20/01 8
Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00