P97000080763

Req	uestor's Name	
Fernand Lam 721 S.E. 17t Fort Laudere		00002636790- -03/11/980102200 *****35.00 ******35 Office Use Only
CORPORATION.	NAME(S) & DOCUMENT N	UMBER(S), (if known):
1(Corpo	oration Name)	(Document #)
2		
(Corpo	oration Name)	(Document #)
3	oration Name)	(Document #)
	nacion ivanie)	(Document #)
4. (Corpo	oration Name)	(Document #)
	Will wait Photocop	$ abla_{\mathcal{S}} $
NEW FILINGS	AMENDMENTS	98 SI ECRI LLA
Profit	Amendment	SEP AHAS
NonProfit	Resignation of R.A., Officer/I	
Limited Liability	Change of Registered Agent	
Domestication Other	Dissolution/Withdrawal	8: 05
Outer	Merger	
	· · · · · · · · · · · · · · · · · · ·	ming
OTHER FILINGS	REGISTRATION/	
OTHER FILINGS Annual Report	REGISTRATION/-QUALIFICATION	The state of the s
	- QUALIFICATION Foreign	
Annual Report	Foreign Limited Partnership	- 2 A Ch9
Annual Report Fictitious Name	- QUALIFICATION Foreign	27 chg

Other

Examiner's Initials

Fiorida Department of State, Sandra B. Mortham, Secretary of State

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

submits the to both, in the Sta		39/3(6/88 0///60 5. 709/6/6/4 = -9
1a. The name o	of the corporation is:BEAUBOIS MANAG	EMENT, INC.
	paddress of the corporation is: 721 S.	E. 17th STREET
1c. Date of inc	corporation: 09-17-97 Docum	ent number: <u>P97000080763</u>
	and address of the current registered agent Frederic M. Barthe	
	888 S.E. 3rd Avenue, Suite 4	00 75 98
	Ft. Lauderdale, FL 33316	98 SEP SECRET
3. The name a	nd address of the new registered agent and	
	FERNAND LAMOTHE	FLORE 0
	721 S.E. 17th STREET FORT LAUDERDALE, FL 33316	Om Om
registered ager	dress of its registered office and the stree of its registered office and the stree of its changed, will be identical.	t address of the business office of its y its board of directors or by an officer
(Signature	of an officer, chairman or nairman of the board)	30-06-98 (Date)
(Primed of Having been in comporation, if further agree performance registered age	or typed name and tide) named as registered agent and to accept shareby accept the appointmentas registered at the comply with the provisions of all statutes of my duties, and I am familiar with and a	service of process for the above stated agentand agree to actin this capacity. tes relative to the proper and complete ccept the obligation of my position as 06 - 30 - 9 &
(Typed o	r Printed Name)	(Capacity)
	Division of Corporations, P.O. Box 6327,	Tallahassee, FL 32314