## 76180000

Office Use Only

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

1.		500003280245 <sup>1</sup> -06/07/0001079015
	(Corporation Name)	(Doc +++++35.00 ++++35.00
2	(Corporation Name)	(Document #)
3	(Corporation Name)	(Document #)
4.	(Corporation Ivanic)	(Document #)
••	(Corporation Name)	(Document #)
☐ Walk in	Pick up time	Certified Copy

		Mail out	] Will	wait	Phot	осору [	Certifi	cate of	Status
ŀ	NEW	FILINGS		AMI		en e			
	Profit			Amend	Iment	102000			•

NEW FILINGS			
	Profit		
	NonProfit		
	Limited Liability		
	Domestication		
	Other		

AMENDMENTS
Amendment
 Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS:
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2000

Rhonda L. Hinds, CPA 300 Magnolia Avenue, Suite A Merritt Island, FL 32952

SUBJECT: GREEN REEFERS (USA), INC. Ref. Number: P97000081271

We have received your document for GREEN REEFERS (USA), INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Letter Number: 100A00030712

Louise Flemming-Jackson Corporate Specialist Supervisor

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

submits the following the State of Flor	owing statement in order to change its registered office or regis. rida	tered agent, or both, in
•	the corporation is: GREEN REEFERS (USA) INC	
2. The mailing a	address of the corporation is: P 0 BOX 354	· · · · · · · · · · · · · · · · · · ·
	CAPE CANAVERAL FI, 329	20
3. Date of incom	rporation/qualification: $9-18-97$ Document numb	er: <u>P97000081271</u>
4. The name and	d address of the current registered agent and office:	
	PENINSULA REGISTERED AGENTS, INC.	8 38
_	200-S BISCAYNE BLVD, SUITE #4874	JUN-7
_	MIAMI FL 33131-2398	- 300
5. The name and	d address of the new registered agent and office: (P. O. Box Not A	Acceptable)
_	RHONDA L. HINDS, CPA, PA	
_	300 MAGNOLIA AVENUE, SUITE A	
<u>-</u>	MERRITT ISLAND, FL 32952	
The street addreagent, as change	ess of its registered office and the street address of the business ed, will be identical.	office of its registered
	as authorized by resolution duly adopted by its board of director	
- 4	intalling 10	)-May-00
(Signatzire c	of an officer, chairman or vice chairman of the board)	(Date)
TRYM	JACOBSEN, DILECTOR (Printed or typed name and title)	n e e <del>e e e e e e e e e e e e e e e e e</del>
Having been na corporation, I h I further agree to performance of	amed as registered agent and to accept service of process for the hereby accept the appointment as registered agent and agree to to comply with the provisions of all statutes relative to the prop f my duties, and I am familiar with and accept the obligation of i	e above stated act in this capacity. er and complete my position as
reğistered agen 7	nt.	
Trimora (s	Signature of Registered Agent) 5/2/00 (Date)	
If signing on behal	of an entity:  L. Hinds, CPA, PA  President	= ·
	Typed or Printed Name) (Capacity	
	* * * FILING FEE: \$35.00 * * *	

CR2E045(7/97)