P97000081786

(Requestor's Name)	- -
(Address)	—
(Address)	-
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: GF Blum, Inc (Name of corporation) DOCUMENT NUMBER: P970000 81786	
DOCUMENT NUMBER: P 9 70000 81 786	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael C. Blum (Name of person)	× .
(Name of firm/company)	<u>-</u>
716/ Via Firenze (Address)	
Boxa Ration Plinda 33433 (City/state and zip code)	
For further information concerning this matter, please call:	
Michael Blum at (561) 391-9204 (Name of person) at (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

D2 OCT 31 PM 12: 55
SECRETARY OF STATE

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 617.1508, Florida Statutes,	
this statement of change is submitted for a corporation organized under the laws of the State of	
Florida in order to change its registered office or registered agent, or both, in the State	
of Florida	-
1. The name of the corporation: F.F. Blum, Inc	
1. The name of the corporation: F.F. Blum, Inc 2. The principal office address: 16244 South Military Trail Suite 310 Petrog Beach, Florida 33484	7.
Delroy Beach, Florida 33484	
3. The mailing address (if different):	
4. Date of incorporation/qualification: Sept. 17, 1997 Document number: P9700081786	: <u>*</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Michael L. Blum	•
3180 Harrington Drive	
Buca Roton, Florida 33496	
6. The name and street address of the new registered agent (if changed) and /or registered office (if	
changed): Michael L. Blum	
7/6/ Via Firenze (P.O. Box or personal mailbox NOT acceptable)	
Buca Laton, Florida 33433	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer, Chairman of the board) (Printed of typed name and little)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
March 10/29/02	
(Signature of Registered Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name) *** FILING FEE: \$35.00 ***	
Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	