## P97000094937



7440 SW 50 Terrace Suite 106 Miami, FL 33155 305-476-9415 (Phone), 305-446-5905 (FAX), <u>ipsmokes@bellsouth.net</u> (e-mail)

July 29, 2002

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314 800006812238--3 -07/31/02--01032--006 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

To Whom It May Concern:

Enclosed please find the Officer/Director Resignation as well as the Statement of Change Of Registered Agent forms. Please change my capacity within the corporation from Vice President to President.

Any questions please call me at 305.775.9458.

Regards,

Scott E. Medina

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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## 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,
the undersigned corporation organized under the laws of the State of
1. The name of the corporation: ON + OFF PNEMISES GIGAN CO. INC
2. The mailing address of the corporation: P.O. BOX 144537
CONAL GABLES, FL 33/14-4537
3. Date of incorporation/qualification: 11/05/97 Document number: P97000094937
4. The name and address of the current registered agent and office:
MARIO PI
330 MEMONES AVE
CONAL GADLES FL 33134
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)  SCOT E- MEDINA
DUESIOFNIT
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.
(Signature of an officer, chairman or vice chairman of the board)  (Date)
Y MATIO RT. (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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,
(Signature of Registered Agent)
If signing on behalf of an entity:  SCOTT E - MEDINA  If signing on behalf of an entity:  SCOTT E - MEDINA
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *