EAZARUS CORPORATE INDU Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5073

City/State/Zip Phone #

	LOCAL REP	RESENTATIVE TALLAHASSE	Office Use Only			
	CORPORATIO	ON NAME(S) & DOCUMENT	NUMBER(S), (if known):			
F	· ·	Corporation Name)	(Document #) (Document #) (Document #) (Document #) (Document #)			
	3	Corporation Name)				
		Corporation Name)	(Document #)	2: 55 DRDA		
	₩alk in Mail out	Pick up time 2.60 Will wait Photoc		Status		
	Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Ager Dissolution/Withdrawal Merger Avaix billity REGISTRASION		RECEIVED 1970EC-9 AHIO: 42 101VIS:ON OF CURPORATION		
	Annual Report Fictitious Name Name Reservation	Foreign Updater Limited Partieshing, Reinstalement Chrowledge Trademark W.P. Verifye	NON-	02366461 2/09/9701022005 ****35,00 *****35.00		

Examiner's Initials

Florida Department of State, Jim Smith, 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, the undersigned corporation organized under the laws of the State of Florida Submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

_	agent, or both	-				
1a. The nam	e of the corpo	ration is:/	WORLD TO	ME JAC-	-	
1b. Date of	incorporation	Nov. 7-	1997	Document	number 97-99	20 91 643
	ne and address				flice:	39790
3 The name	and address	of the new r	egistered age	nt and office:	, jric	3 6
SAUL	(P.O. Box Not	Acceptable)	W 223 Ten	e. Mami	Fr. 33 PA	25 25 25
Such chang an officer so	e was authorized by Signature Signature X/5/9/ DATE	thanged will the by resolution board.	be identical. ution duly add Lich Type	opted by its bounded or printed o	of the business oard of directors 	s or by
PROCESS IN THIS CE AGENT AN WITH THE	FOR THE ABO RTIFICATE, I I D AGREE TO A PROVISIONS (VE STATED HEREBY AC ACT IN THIS OF ALL STA OF MY DUT! POSITION	I CORPORAT CEPT THE A I CAPACITY. TUTES RELA ES. AND I AM	ION AT THE PPOINTMENT I FURTHER A TIVE TO THE M FAMILIAR V RED AGENT.	nit of	ATED JED JPLY COM-
•			DATE	12/1	tered Agent)	
Divie	ion of Carne	orations I	P.O. Box 63	127. Tallahi	essee. FL 32	314

CR2E045 (7-91)

FILING FEE: \$35.00