## P97000101229

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ilina Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: TRADERIGHT CORPORATION (Name of conforation)
DOCUMENT NUMBER: P97000070400
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 J. RUKUJZO (Name of contact person)  TRADERIGHT COMPORA MON (Firm(Company)
LOCKPORT TE COST!  (City/state and zip code)
For further information concerning this matter, please call:
MICHAEL J. RUKU JU at (SIS) 304-5000 (Area code & day time 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 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

Amendment Section



September 1, 2004

MICHAEL RUKUJZO 123 9TH ST., SUITE 1A LOCKPORT, IL 60441

SUBJECT: TRADERIGHT, CORP. Ref. Number: P97000101229

We have received your document for TRADERIGHT, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida corporation or limited liability company or a foreign corporation or limited liability company authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 804A00053203

Carol Mustain Document Specialist

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  ge is submitted for a corporation organized under the laws of the State of  to change its registered office or registered agent, or both, in the State of Florida.		
	Total - Disable On security		
	4000 S.F. OZII Tarrana Cara Cara Const. 51 00004		
2. The principal of	nace address.		
3. The mailing ac	Idress (if different): 123 E. 9th Street #1A, Lockport, IL 60441		
4. Date of incorp	oration/qualification: 12-01-97 Document number: P970000101229		
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:		
	Edward Evangelista		
	2300 N. Federal Highway		
	Boca Raton, FL 33431		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.		
	Michael J. Rukujzo		
	1003 S.E. 27th Terrace		
	(P.O. Box NOT acceptable)		
	Cape Coral, FL 33904		
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.		
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.		
	Michael J. Rukujzo - President & CEO		
· •	e of an officer or director) (Printed or typed name and title)		
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity.  It is comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this if the segistered office address, I hereby confirm that the been notified in writing of this change.		
	09-06-04		
(Sig	nature of Registered Agent) (Date)		
If signing on bel	nalf of an entity:		
	Corporation		
(1	whed or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*