Platinum 2000 Franchisma, Inc.

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Profit	Amendment		000	00265U -03/28/980 *****70.08	1109003 *****35.00
NonProfit	Resignation of R.A., Office	r/ Director		***************************************	
Limited Liability	Change of Registered Agen	ıt			
Domestication	Dissolution/Withdrawal				
Other	Merger		\ cd		
Annual Report Fictitious Name Name Reservation	REGISTRATION QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other		5 Frank		· - · · · · · · · · · · · · · · · · · ·
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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
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: PLATINUM 2000 FRANCHISING, INC.
2. The mailing address of the corporation is: 5251 NW 80TH TERRICE,
PARKLAND, FORIDA 33067-1137.
3. Date of incorporation/qualification: OL JANUARY 1998 Document number: P97000 102461
4. The name and address of the current registered agent and office:
AMERICANYER
2.2.1
CORAL GABLES, FL 33134
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
MR W.S. LANDMAN
5251 NW 80™ TERRACE 54 W
PARKLAND, FLORIDA 33067-1137.
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.
authorized by the board. 24 588 98
(Signature of an officer, chairman of vice chairman of the board) (Date)
MRS D.T. LANDMAN, PRESIDENT.
(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.
24 889 98.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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

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