P97000/02824 ROSEN & KREILING, P.A.

CORPORATE CENTRE AT WESTON 33331 2500 WESTON ROAD • SUITE 220 • WESTON, FLORIDA 39558 PHONE: (954) 384-1851 • FAX: (954) 384-7909

HARRY M. ROSEN Board Certified Civil Trial Lawyer

EDWARD PAUL KREILING

March 3, 1998



Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: STRAWBERRY WINE, INC.

Dear Sir:

I enclose a check in the amount of \$35.00 and a Statement of Change of Registered Office and Registered Agent. Please process and forward notification of the change to my office in the envelope provided.

Very truly yours,

EDWARD PAUL 'KREILING

EPK: 1m

Enc.

PANA DEGA 319

4 * "	Charter No.
	Date Filed
· <u>·</u>	STATEMENT OF CHANGE OF REGISTERED OFFICE
	AND REGISTERED AGENT
sig	ersuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undergned corporation, organized under the laws of the State of Florida, submits the following statement for purpose of changing its registered office and registered agent in the State of Florida.
ī.	The name of the corporation is: STRAWBERRY WINE, INC.
ż.	The name and address of its present registered agent is: CORPORATION SERVICE COMPANY CORPORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301
3.	The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE) John R. Barker, 5632 Johnson Street, Hollywood, Florida 33021
4.	The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5. 	Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors. John R. Barker, President Signature
	(Typed or printed name and title) (President or Vice President) Date 3/3/98
AE AC TH AN OE	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE BOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY CEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURIER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER OF COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE BLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505. FLORIDA FATUTES.

FILING FEE \$35

(Agent)

Please Print/Type Name