P98000004236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
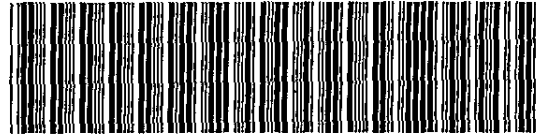
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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(10 IC Lit 04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _Scilogy Corp_
(Name of corporation)

DOCUMENT NUMBER: _P 98 000004236_

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:

AL Kirwan
(Name of contact person)

Scilogy Corp
(Firm/Company)

4608 SW 74 Ave
(Address)

Miami FL 33156
(City/state and zip code)

For further information concerning this matter, please call:

Kirwan at (_305_) _269-0500_
(Name of contact person)   (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:	**Street Address:**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

CR2E045(6/04)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 15, 2004

A L KIRWAN
SCILOGY CORP.
4608 SW 74 AVE.
MIAMI, FL 33156

SUBJECT: SCILOGY CORP.
Ref. Number: P98000004236

We have received your document for SCILOGY CORP.. However, the document has not been filed and is being returned for the following:

The fee to file your document is $35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton
Document Specialist   Letter Number: 404A00054926

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, this statement of change is submitted for a corporation organized under the laws of the State of ___FLORIDA___ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ___SCILLOY CORP.___

2. The principal office address: ___4608 SW 74 AVE___
   ___MIAMI, FL 33155___

3. The mailing address (if different): _____

4. Date of incorporation/qualification: ___1/14/1998___ Document number: ___P98000004236___

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   ___FRANK J AVELLANET___
   ___4608 SW 74 AVE___
   ___MIAMI, FL 33155___

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   ___A. L. KIRWAN___
   ___4608 SW 74 AVE___
   (P.O. Box NOT acceptable)
   ___MIAMI, FL 33155___

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, or the corporation has been notified in writing of the change.

___[signature]___
(Signature of an officer or director)

___FRANK J. AVELLANET___
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

___[signature]___
(Signature of Registered Agent)

___9/2/2004___
(Date)

If signing on behalf of an entity:

_____
(Typed or Printed Name)

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314