## FOR PROFIT CORPORATION

## FILED May 01, 2002 8:00 am

MULTIDYNG, Inc.  DO NOT WRITE IN THIS SPACE  Principle Place of Business SHOLN MULTIDYNG, Inc.  DO NOT WRITE IN THIS SPACE  Principle Place of Business SHOLN MULTIDYNG, Inc.  DO NOT WRITE IN THIS SPACE  SUBJECT OF A Business SHOLN MULTIDYNG, Inc.  DO NOT WRITE  SUBJECT OF A Business SU	<b>V</b> 111		OU HET OH	(ODIT)		Sagratary	f Stata	
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IN THIS SPACE  City Davie FL Zip Code Stage 23 3 24  I. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Signature, specified in princip starred registered agent and title 4 spokerable.  III. This corporation is eligible to satisfy its Intang blo fax filling requirement and elects to do so.  After May 1, Fee is \$55,00 Amended URB is \$61.25  Make Check Payable to Department of State  1. OFFICERS AND DIRECTORS  THE NAME MAKE TAY MORES THY-ST-2P  THE NAME MERI ADDRESS CITY-ST-2P  THE NAME MAKE STREET ADDRESS CITY-ST-2P  THE NAME MERI ADDRESS CITY-ST-2P  THE NAME MERI ADDRESS CITY-ST-2P  THE NAME STREET ADDRESS CITY-ST-2P  THE N	DO NOT WRITE Street Address (I				ess (P.O. E	Box Number is Not Acadetable)	· // · · · · · · · · · · · · · · · ·	
City DAVIE FL 29 2014 24  In the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  Signat		ACE	16	3 2				
L. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signature, front or provide the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signature, front or provide the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signature, front or provide the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Date	the state of the s			City	City Co.			
SIGNATURE    Speakure, hyper or printed name of regimered agent and tills if applicable.   NOTE Registed Apent signature required when remaisting)   DATE								
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3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		Alexa Mercial Company	u cu	, ,				

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

954-452-9715

Daytime Phone #