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Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : GREEN SCHOENFELD & KYLE LLP

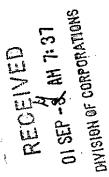
Account Number : I2000000177

Phone

: (941)936-7200

Fax Number

: (941)936-7997



REGISTERED AGENT CHANGE

MEXMASTERS HOLLYWOOD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 60 the undersigned corporation organized un	17.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
the undersigned corporation organized an enhants the following statement in order to	o change its registered office or registered agent, or both, in	
the State of Florida.		
	MEXMASTERS HOLLYWOOD, INC.	
2. The mailing address of the corporation	4101 Evans Avenue	
Fort Myers, Florida 3390	01	
3. Date of incorporation/qualification: 2/	/18/98 Document number: p98000015789	
4. The name and address of the current reg	gistered agent and office:	
Bruce D. Green		
12800 University	Drive, Suite 600	
Fort Myers, Flor	cida 33907	
5. The name and address of the new regist	tered agent (if changed) and/or registered office (if changed):	
(P.)	O. Box Not Acceptable)	
Bruce D.	Green Square Boulevard, #320	
1520 Roya	al Palm Square Boulevard, #320	
Fort Myer	cs, Florida 33919	
agent, as changed, will be identical.	and the street address of the business office of its registered?	
Such change was authorized by resolution authorized by the board	on duly adopted by its board of directors or by an officer so	
Vario (6	7-30-01	
(Signature of an officer, chairman or vice ch	airman of the board) (Date)	
David C. Brown, III (Printed or typed name and	President due	
Having been named as registered agent corporation, I hereby accept the appoint I further agree to comply with the provis performance of my duties, and I am faminegistered agent.	and to accept service of process for the above stated tment as registered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete iliar with and accept the obligation of my position as	
1 salle VEM	8-30-01	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
(Typed or Printed Name)	(Capacity)	
* * * FILING FEE: \$35.00 * * *		

DIVISION OF CORPORATIONS