P9800016926

LOUIS GIOVACHINO

ATTORNEY AT LAW

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Telephone 954-389-9801 Telefax 954-389-2639

July 16, 1999

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

Re: POSTAL CENTER PLUS, INC.

Dear Sir:

Enclosed please find Statement of Change of Registered Office or Registered Agent Or Both For Corporations regarding the above. Also, enclosed find check in the amount of \$35.00 representing payment of your filing fees.

Please process

Thank you.

Louis Giovachino, Esq.

Very truly yours

enclosure

400002936174--4 -07/20/99--01052--009 *****35.00 *****35.00

RA Chq,

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

undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or	r both, in the
State of Florida.	90
1. The name of the corporation is: POSTAL CENTER PLUS, INC.	1800 H.
	170 TO
2. The mailing address of the corporation is: 8209 North Pine Island Road	- 45 13 1- 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Tamarac, Fl 33321	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3. Date of incorporation/qualification: 2/20/98 Document number: P980	00016926
4. The name and address of the current registered agent and office.	
Kimberly A. Fuentes	
820 N.W. 44 Avenue	.,
Coconut Creek, Fl 33066	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	-
Victor Goffi	
16110 Saddle Lane	
Weston, F1 33326	
The street address of its registered office and the street address of the business office of it agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board.	officer so
2/1/9	: G
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Vicotr Goffi, President	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above state corporation, I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the proper and corperformance of my auties and I am familiar with and accept the obligation of my position registered agent.	ited capacity. nplete n as
1 () 1/6/89	
(Signature of Registered Agent) (Date)	_
If signing on behalf of an entity:	
(Capacity)	
(Types of Lineariums)	

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