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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: EVERGLADES DAY SAFARI, INC.  Name of Corporation			
DOCUMENT NUMBER:			
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:			
ROBERT J COWUSHAW  Name of Contact Person			
EVERGLADES DAY SAFAKS			
16500 ARBOR RIDGE DR			
FORT MYERS, FL 33908 City/State and Zip Code			
Email address: (to be used for future annual report notification)			
For further information concerning this matter, please call:  Leslie Cowlishaw at (237) 489-0770  Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State			

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 60/.0302, 61/.0302, 60/.1308, or 61/.1308, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of <u>FLOR IVA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EVERGEADES DAY SAFARI, /VC.
2. The principal office address: 16500 ARBOR RIDGE DR
FORT MUERS, FL 33908
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/6/98 Document number: P980000 3191/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
DECEASED (Edward Dallas) 34 = 1
17274 San Carlos Blul # 202
11017 CUT 103 P/V 0 1202 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Port Myers Plach, H 35131 Mg 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JACK KAHRNOFF
17274 SAN CARLOS BLUD #202 P.O. BOX NOT acceptable
FORT MYERS BCH, FL 3393/
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.
Molecular Marketon ROBERT J. COWYSHAW PRES  Signaphyse of an officer or director 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 fited merely to reflect a change in the registered office address, I hereby confirm that the corporation has been politiced in writing of this change.
11/7/4
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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