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CORPORATION	NAME(S) & DOCUMENT N	UMBER(S), (if known):		
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NEW FILINGS-	AMENDMENTS	• •		
	The second s		7	
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/I	Director		
Limited Liability	Change of Registered Agent			
Domestication _	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	REGISTRATION/	RAChg.		
Annual Report	QUALIFICATION		· .	
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Name Reservation	Limited Partnership	_]		
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	Trademark			
	Other			
CR2E031(1/95)	·· _	Examiner's Initials		

## 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, the undersigned corporation organized under the laws of the State of  $\underline{FloridA}$  submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is \_\_\_\_\_\_ Solcom Options

2. The mailing address of the corporation is: 9387 West

Florida Boca 3342

3. Date of incorporation/qualification: <u>4/29/98</u> Document number:

4. The name and address of the current registered agent and office:

Sollinger 1201 S.W. 21 st Boro Katon. Floridg 33486

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

D. Sollinge Neil 9387 West Lota Bocg Raton 33434 IOR:

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.

(Signature of an officer, chairman or vice chairman of the board)

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606

INGER Ne (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of R

If signing on behalf of an entity:

U. Sellragen yped or Printed Name)

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