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	City/State/Zi	p Phone #		Office Use	Only	
	CORPORATION N.	AME(S) & DOCUMENT	NUMBER(S),	(if known):		
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Li	mited Liability	Change of Registered Ager	t			
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01	ther	Merger				
Aı	THER FILINGS nnual Report ctitious Name	REGISTRATION QUALIFICATION Foreign Limited Partnership	***************************************			
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Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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 FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is:
1b. The mailing address of the corporation is: 370 ANSIN BLKD
HALLANDALE FL 33009
1c. Date of incorporation: 6/25/98 Document number: 298A 00034845
2. The name and address of the current registered agent and office:
AMERILAWYER.
343 ALMERIA AVENUE ARE
CORAL GABLES FLORIDA 33134 SSET 2
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
MARK S. KROHN!
370 ANSIN BLVD.
HACLANDALE, FL. 33009
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.
so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
MARIC S. KROHM (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I herebyaccept 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.
Mark S. Krohn 7/24/98
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:

-Division of Cornorations, P.O. Box 6327, Tallahassee, FL 32314

(Typed or Printed Name)

(Capacity)