P98000057353

ROBERT M. WOLF, P.A.

33 S.E. 4th Street Suite 102 Boca Raton, FL 33432

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BOARD CERTIFIED (TAXLAW)

J.D., LL.M. (TAX) FL AND NY BAR

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*****35.00 *****35.00

August 30, 2001

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Retail Detail Services, Inc.

Dear Sir or Madame:

Enclosed please find a Request to Change Registered Agent together with a check in the amount of \$35 to process this change.

Sincerely,

Robert M. Wolf

RW/€ Enclosure

cc: Mike Hench

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 ofFIORIDA
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: PETAIL DETAIL SERVICES, INC.
1. The little of the corporation.
2. The mailing address of the corporation: 6919 VISTA PARKWAY NORTH
WEST PALM BEACH, FL 33411
3. Date of incorporation/qualification: 6/25/98 Document number: 98000057353
4. The name and address of the current registered agent and office:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALIAHASSEE, FL 32301-2525
5. The name and address of the new registered agent (if changed) and/or registered office (if changed).
ROBERT M. WOLF, P.A.
33 S.E. 4th Street
BOCA RATON, FL 33432
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.
1/m/A./M
(Date)
Michael Herch Pres (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 Registered Agents (Date)
If signing on behalf of an entity: Sobot Mule F.A. Mesident
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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