P98000065293

2520 Cl Lakelo City/State	equestor's Name Eveland Hts. Blud#49 Address Address Phone #	***** Office Use On	4/98-01050-001 *70.00 *****35.00
1	poration Name) (D	ocument #) ocument #) ocument #) Certified Copy Certificate of Status	98 SEP 24 AN 9: 14 SECRETARY CONSTATE TALLAHASSEE, FLORIDA
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	9-29-	. 9 8

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. 1. The name of the corporation is: NAXIAN, TMC.
1. The name of the corporation is:
2. The mailing address of the corporation is: 3520 CLEVELAND HTS. BLVD., #1
LAKELAND FLORIDA 33803.
3. Date of incorporation/qualification: July 24, 1998 Document number: P980000652
4 The name and address of the current registered agent and office:
SALAAR FAROOQ
700 WABASH AVE,
LAKELAND, FLORIDA 33815 FF
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
SONIA FAROOR BA "
3520 CLEVELAND HTS BLVD.
#49, LAKELAND FL 33803
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.
authorized by the board.
(Signature of an officer, chairman of vice chairman of the board) (Date)
SALAAR FAROOG - PRESIDENT SEP 21, 98 (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
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
FILING FEE: \$35.00
CR2E045(4/95)