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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

RANSPORT //// SUBJECT: のののんてのろ **DOCUMENT NUMBER:** 

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filings

Please return all correspondence concerning this matter to the following:

Name of Person) (Name of Firm/Company) 00 N.W. 58th ST STE 203. (Address) (City/State and Zip Code)

For further information concerning this matter, please call:

<u>AUSTIN LETE</u> (Name of Person) at (<u>385</u>) 717-(596, (Area Code & Daytime Telephone Number)

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR **REGISTERED OFFICE FOR** poratio

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

650856661 006703 n(Florida document number) (Florida registration date) (FEI Number, if applicable) 9300 N.U. 5. (Principal office address)

6. Name and address of registered agent and office currently on record with this office:

USTIN LEE N.W. 58th STE # 203 57 331 78 MANU

7. New registered agent and/or office address:

ONBO 1.41. COTA (Note: Registered office must be a Florida street address)

- 8. The street address of the registered office and the street address of the business office of the registered agent are identical.
- 9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10. X

(Signature of chairman, vice chairman, or officer)

11.

(Name and capacity of person signing in number 10 above)

 Signature of new registered agent, if applicable: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

ed agenvaccepting appointment)

FILING FEE: \$35.00 Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallabassee, FL 32314

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