P98000084437

ROBERT L. GARDANA, P.A.

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November 16, 2000

Secretary of State, Division of Corporations
State of Florida
P.O. Box 6327
Tallahassee, FL 32301

Re: Shade Solutions Incorporated

800003470928--9 -11/20/00--01132--003 ******35.00 ******35.00

Dear Sirs or Madams:

Enclosed please find the following:

- 1. Original and one copy of the executed Statement of Registered Agent Change.
- Our check in the amount of \$35.00, representing payment.

Kindly return a file date stamp copy of said Statement in the self-addressed, stamped envelope provided.

Thank you for your attention hereto

Very takiy yours

Robert L. Gardana

RLG/rmg Encls. FILED PM 1:30
DO NOV 20 PM 1:30
SECRETARSEE, FLORIDA

PAIRO

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED "AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617. corporation organized under the laws	0502, 607.1508, or 617.1508, Florida Statutes, of the State of Florida
	owing statement in order to change its	registered office or registered agent, or both, in
•	the corporation: Shade Solutions	Incorporated
2. The mailing a	defess of the corporation	3rd Avenue, #303
	Miami, I	
3. Date of incom	poration/qualification: 9/30/98	Document number: P98000084437
4. The name and	address of the current registered agent	and office:
_	Robert_L. Gardana, Esq.	
_	9220 SW 72nd Street, Suite	± 203 = = = = = = = = = = = = = = = = = = =
	Miami, FL 33173	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)		
	Raymond Carabotta, Jr.	F9
	801 S.W. 3rd Avenue, #	303
-	Miami, FL 33130	
agent, as chang	ed, will be identical.	t address of the business office of its registered
Such change w	as authorized by resolution duly adopte to board.	ed by its board of directors or by an officer so
	Little to Presinent.	11/16/2000
(Signature	of an officer, or airman or vice chairman of the boar	rd) (Date)
Raymon	l Carabotta, Jr.	
	(Printed or typed name and title)	
corporation, I l	nereby accept the appointment as regis to comply with the provisions of all sto my duties, and I am familiar with and	service of process for the above stated tered agent and agree to act in this capacity. It states relative to the proper and complete accept the obligation of my position as
1711	alitte h	11/16/2000
Raymond Co		(Date)
	Typed or Printed Name)	(Capacity)

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

DIVISION OF CORPORATIONS