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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Juainess Energ Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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DIVISION OF CORPORATIONS

7007 DEC. 20 PM 2: 38

R, O. LFT 1-6-2003

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		_
SUBJECT: MONTAGM	(Name of corporation)	<u> </u>
DOCUMENT NUMBER:		
The enclosed Statement of Change o	f Registered Office/Agent and fee are submi-	tted for filing
Please return all correspondence con-	cerning this matter to the following:	
Juliu I MONTA (Name of perso	n)	
MONTAGNA ENT (Name of firm/com	pany)	
1015 ATLANTI (Address)	c BLAD. #341	·
ATLANTIC BEACH (City/state and zip of	FL 32233	
For further information concerning the	his matter, please call:	
Tucia i Monta and (Name of person)	at (901) 282959 (Area code & daytime telephone)	number)
Enclosed is a \$35.00 check made pay	yable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tellsharese FL 32300	All page services.
Tallahassee, FL 32314	Tallahassee, FL 32399	

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, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: MONTAGNA ENTER PROJECT, TWC.
2. The principal office address: 725 PLAZA, ATLANTIC BEACH EL 32233
3. The mailing address (if different): 10/5 ATLANTIC BLVD. #34/
ATLANTIC REACH FL 31233
4. Date of incorporation/qualification: 5 AN 1/1999 Document number: 69808 \$ 93.932
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JALIUS MONTALNA
THLIND MONTAGNA 1015 ATLANTIC BCLO # 34/ ATCANTIC BEACH FL 32233
ATCANTIC BEACH FL 32233
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box or personal mailbox NOT acceptable)
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, or the corporation has been notified in writing of the change.
Bignature of an officer, chairman or rice epititiman of the board) Truited or typed name and title)
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) 12(17(07) (Date)
If signing on behalf of an entity:
MINTALIA ENTERPRICES INC PAEY. (Typed or Printed Name) (Capacity)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:

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