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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Burson lukriors Corp (Name of corporation)	<u> </u>
DOCUMENT NUMBER: P98000 (63869	t i stand v
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:	
John Burson (Name of person)	
Burson Interiors Corp (Name of firm/company)	% € /
2951 W. Brow ard Blrd (Address)	
F1 lauderdale FL 33312 (City/state and zip code)	
For further information concerning this matter, please call:	
Name of person) at (954) 791 4737 (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the 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 OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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to change us reg	istered office or i	regisierea i	igeni, or boin, i	n ine siate oj 1 iç	priaa.			
I. The name of t	he corporation:_	E	orson	Interio	rs (Carpara	tron	}
2. The principal	office address:	295	W.	Brown	$\frac{1}{2}$	Blvd		<u> </u>
		F-	Laude	erdale	A	333I	2	
3. The mailing a	ddress (if differer	nt);	as al	0012				
4. Date of incorp	oration/qualifica	tion: <u>12</u>	114/98	Document nu	ınber:	P9800	0/03	<u> 3869</u>
5. The name and	street address of tment of State:					ile with the		
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		6701	«\ / CY	W C ,			À	308
		0121	2M 2.	<u>. 9</u> +			AS	9 2
		Pknt	chon	FL 3	3317	•	33.5	₹
6. The name and (if changed):	street address of	the new re	gistered agent (if changed) and /	or register	ed office	FLORID,	AMII: 27
		295	1 W.	Brown	ard,	Blvd		
		(P.O.	Eox or personal mail	(box NOT acceptable)	P	33312		
		TT					•	
The street addre	ss of its registere identical.	ed office ar	nd the street ad	dress of the busi	ness office	e of its register	red agent	t, as
Such change wa								
				Joh	W B	ureon- 1	presid	ten+
	ignature of an officer of the connociotment		end agent and a	norge to act in th	(Printed o	typed name and lil	ic)	
I hereby accept I further agree to duties, and I affi being filed mare been notified in	o comply with the familiar with an ly to reflect a ch writing of this ch	e provision of accept the ange in the nange.	is of all statute ne obligation of registered off	is relative to the f my position as ice address, I he	proper an registered reby confi	d complete per l agent. Or, if rm that the co	rformand this doc rporation	ce of my ument is n has
XX)	٠,		Ł	101-	7/02		
	Signature of Registere	d Agent)			1-1	(Date)		
If signing on bel	nalf of an entity:							
امل	nn Bursa	0			pres	ildent		
	(Typed or Printed Nar	ne}				(Canacity)		

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