P98009108066

MISHAN, SLOTO, GREENBERG, HELLINGER & UDOLF

A PROFESSIONAL ASSOCIATION
FIRST UNION FINANCIAL CENTER • SUITE 2350
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131-2328

City/State/Lip

HOHE #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in ☐ Certificate of Status Photocopy Will wait ☐ Mail out 10000031822281 -03/23/00-0 *****35.00 **AMENDMENTS** NEW FILINGS Amendment ☐ Profit Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger ☐ Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark R. A. Charge Other

CR2E031(7/97)

4-12-2000

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 30, 2000

Mishan, Sloto, Greenberg, Hellinger & Udolf First Union Financial Center, Suite 2350 200 South Biscayne Blvd. Miami, FL 33131-2328

SUBJECT: SENTRY RESOURCE MANAGEMENT, INC.

Ref. Number: P98000108066

We have received your document for SENTRY RESOURCE MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Letter Number: 900A00017649

Louise Flemming-Jackson Corporate Specialist Supervisor

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

| Pursuant to the provisions of section | | | da Statutes, |
|--|---|--|---|
| the undersigned corporation organize submits the following statement in or the State of Florida. | der to change its regis | tered office or registered agent | |
| 1. The name of the corporation is: | ENTRY KESOUR | CE MANAGEMENT, | (de. |
| 2. The mailing address of the corpora | tion is: 204 AA | AGON AVENUE, CORAL | GABLES, |
| FL 33134-5009 | · · · · · · · · · · · · · · · · · · · | | |
| 3. Date of incorporation/qualification | 1: 12/29/98 | Document number: <u>79800</u> | 00108066 |
| 4. The name and address of the currer | nt registered agent and | offics . | |
| Robert do microma | H. Stern | | 8 |
| do micromo | art, DC. | | PR ST |
| 0 1 % | Las DI 331 | 311 5000 | 72 - 52 - 52 |
| 5. The name and address of the new r | bles, Fl 331 cgistered agent a nd off | | PA PAPE |
| | BERG, ESQ (40 A | | AATE |
| and the same of th | VANCIAL CENTER, S | • | 9 75 |
| MIAMI, FL | _ | | |
| The street address of its registered of agent, as changed, will be identical. | fice and the street add | ress of the business office of its | s registered |
| Such change was authorized by resolutionized by the board. | | | |
| 11/4 3 | (MSIDENT | 03/21/200 | i i i i i i i i i i i i i i i i i i i |
| (Signature of an officer, chairman or vi | ce chairman of the board) | (Date) | |
| ROBERT H. STERN, (Printed or typed name | | | a de la compansión de la |
| Having been named as registered ag corporation, I hereby accept the app I further agree to comply with the pr performance of my duties, and I am gregistered agent. | ent and to accept servi ointment as registered ovisions of all statutes | l agent and agree to act in this relative to the proper and con | capacity. Inlete |
| Plum / Shan | U | 5.21.00 | |
| (Signature of Registered Ager | nt) | (Date) | |
| If signing on behalf of an entity: | - | · · | · |
| (Typed or Printed Name) | | (Capacity) | |
| · ** | * FILING FEE: \$35 | .00 * * * | |
| CR2E045(7/97) | | <u>-</u> | |
| Division of Corporations | P.O. Box 6327 | TALLAHASSEE, FL 32314 | |