P99000003434

Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAN	Æ	*****35.88 ******3
		158 8
Shadescom, Inc.		FILE SECTION
() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability Document Examiner	02/11/00	G. COULLIETTE FEB 1 1 2000
Updater Verifier	DEPART OF STATE OF STATE OLYISION OF CORPORATIONS	· · · · · · · · · · · · · · · · · · ·
Acknowledgement W.P. Verifier	00 FEB 1 AM 1:36	

RECEIVED

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections Florida Statutes, the undersigned cor Florida submits the following or registered agent, or both, in the St	poration organ statement in c		the State of
1a. The name of the corporation is:	SHADESCOM, I	NC.	
1b. Date of incorporation 1/12/1999		Document number	P9900003434
2. The name and address of the cu	rrent registered	d agent and office:	福田
Corporation Service Company			- 505 - r
1209 Hays Street, Tallahassee	, Fl. 32301-2	525	第二 是
3. The name and address of the new (P.O. Box Not Acceptable C T CO			2: 26 STATE STORION
c/o C T CORPORATION SYSTEM, 120	0 South Pine	Island Rd., Plantati	on, Florida 3332
Such change was authorized by resonant officer so authorized by the board SIGNATURE DATE	II be identical. Dution duly add		rectors or by
HAVING BEEN NAMED AS REGISTE PROCESS FOR THE ABOVE STATE IN THIS CERTIFICATE, I HEREBY AG AGENT AND AGREE TO ACT IN THI WITH THE PROVISIONS OF ALL STA PLETE PERFORMANCE OF MY DUT THE OBLIGATION OF MY POSITION	D CORPORATI CCEPT THE AF IS CAPACITY. ATUTES RELATIES, AND I AM I AS REGISTER SIGNATURE	ION AT THE PLACE DE PPOINTMENT AS REG I FURTHER AGREE TO TIVE TO THE PROPER I FAMILIAR WITH AND	ESIGNATED ISTERED COMPLY AND COM- ACCEPT ON SYSTEM Social Asst. Sery.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00