

ACCOUNT NO.

072100000032

REFERENCE :

590030 \_ 7182187

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: February 15, 2000

ORDER TIME : 2:25 PM

ORDER NO. : 590030

CUSTOMER NO: 7182187

000003142190--2

CUSTOMER: Mr. Robert Feingold

Top Driver Inc.

140 Sylvan Avenue 3rd Floor

Englewood Cliff, NJ 07632

CHANGE OF AGENT

NAME: SAFEDRIVER.COM, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

## 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,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.  1. The name of the corporation is: SAFE ORIVER. Com, INC.
1. The name of the corporation is.
2. The mailing address of the corporation is: 105 ARBOR VIEW CT
PONTE VEDAG BEACH, FL 32082
3. Date of incorporation/qualification: 1/22/99 Document number: 99 0000 0 7768
4. The name and address of the current registered agent and office:
KENNETH L. UNDERWOOD ES BI
105 ARBOR VIEW CT
PONTE VEDNA BEACH, FL 32082 TE 2 0
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
CONPORATION SERVICE COMPANY ?
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525
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.
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(Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Donnie H. Yerry Hosistant Secretary
* * * FILING FEE: \$35.00 * * *
CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, FL 32314