

REGISTERED AGENT CHANGE

: (561)395-8313

CH@WEAR, INC.

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DIVISION OF CORPORT

5613958313 OSBORNE&OSBORNE P.A.

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 : VBS Group, Inc.

2. The mailing address of the corporation : 185 Ravenswood Road, Fort Lauderdale, FL 33312

3. Date of incorporation/qualification: March 16, 1999 Document number: P99000024470

4. The name and address of the current registered agent and office:

Corporation Service Company

1201 Nayes Street

Tallahassee, FL 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Accentable)

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	Linda O. MacLaren	EG	12 AP	
	798 So, Federal Highway, Suite 100	ίΗΛ ΗΛΕΤ/	PR.	23 23
	Boca Raton, FL 33432	SSE	сī	t i santan
	The street address of its registered office and the street address of the business office of its agent, as changed, will be identical.	register	ed	
	Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board.	fficeaso	- 5 2	المحديدة
Х	$\frac{\mathcal{E}_{\text{signature of an officed, chairman or vice chairman of the board}}{\mathcal{E}_{\text{signature of an officed, chairman or vice chairman of the board}} = \frac{\mathcal{V}_{\text{signature of an officed, chairman of the board}}}{\mathcal{V}_{\text{signature of an officed, chairman of the board}}}$			
	(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

If signing on behalf of an entity:

(Typed or Printed Name)

DIVISION OF CORPORATIONS

(Capacity)

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

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P.O. Box 6327

TALLAHASSEE, FL 32314

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