P.99000026138

Mark Glocker National Affinity Services, Inc.

1164 E. Oakland Park Blvd. Ft. Lauderdale, FL 33334

CR2E031(7/97)

900006419459--1 -07/16/02--01009--004 *****35.00 ******35.00

CONTORATION MANUE(S) & DOCUM	ENT NUMBER(S), (if known):	
(Corporation Name)	(Document #)	in order of the
2. (Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	¥* *
4. (Corporation Name)	(Document #)	. •-
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	N/erger	no ilii 16 pi
OTHER FILINGS	REGISTRATION/QUALIFICATION	E D
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	IL PM 1: 39

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
the State of Florida.
1. The name of the corporation: USA OUSCREVEL, Troc.
2. The mailing address of the corporation: 160 W Camino Rocal #576 Foca Laton 15, 33435
3. Date of incorporation/qualification: Document number:
4. The name and address of the current registered agent and office:
Tres Callomer
501 SE 11 9th () \$
Ft (and FL 33316
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
M MOV Mac V Co
- MALOUCULE PER R
160 W. Camino Real #376 PE F
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 office authorized by the board.
203
(Signature of an officer, chairman or rice 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 registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity. WHELBLOCKER CEO
(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314