

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



09/15/05--01013--002 **35.00

FILED 05 SEP 15 M 9: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA

AA trade

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Theisen Enferorises, Inc (Name of corporation)

DOCUMENT NUMBER: P99000028854

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Carr (Name of contact person) TILT- CON CORPORATION (Firm/Company) 1003 Orienta Aue (Address) Altamonte Sorings FL 32701 (City/stale and zip code)

For further information concerning this matter, please call:

at (407) 834-8458 (Area code & daytime telephone number) <u>Name of contact person</u>

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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, this statement of change is submitted for a corporation organized under the laws of the State of florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Isen ENterprises, Inc.
2. The principal office address: 1003 Orienta Ave. Altamonte Springs FL 32701
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 02/23/1999 Document number: P990000 28854
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Grosman, Kurt E. Zeg &
5043 Winwood Way
Orlando FL 32819
6. The name and street address of the new registered agent (if changed) and /or registered office
Mark W. Theisen, Sr.
(P.O. Box NOT acceptable)
Altamonte Springs, FL 32701
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, of the corporation has been notified in writing of the change.
(Signature of an orlicer or director) Mark W. Theisen Sr. President
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314