P990003/245

(Re	questor's Name)	 -				
(Ad	dress)					
(Address)						
(Cit	y/State/Zip/Phone	· #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
L						





800032300858

04/12/04--01071--018 **35.00

2101 APR 12 PM 3:

R.A. Change LFT 4-20-04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CYDENVIZE LOW (Name of corporation)
DOCUMENT NUMBER: P99000631245
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:
Cregory J. Caldwell (Name of person)
Cyber Wize, COM (Name of firm/company)
2829 Cattlemen Rd.
Sarasota FL 34232 (City/state and zip code)
For further information concerning this matter, please call:
Gregory J (aldwell at (94) 371-1010 x 2127 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State

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

Mailing Address: 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

	rovisions of sections 607.050		وللسميد	la Statutes, this sti O Ci A G	
-	ed for a corporation organiz stered office or registered as	•	···· -····· +/	01104	in orđer
1. The name of th	A (Wize com	1	·	
2. The principal of	office address: 2820	1 Cattlemen	Rd. Saras	ota FL3	14232
3. The mailing ad	dress (if different):		er - pter -	<u> </u>	
		- <u> </u>			·.= = *
4. Date of incorpo	oration/qualification: <u>4/5/</u>	79Doci	ıment number: <u>P</u> 90	1000031	1245
5. The name and : Florida Departi	street address of the current i	registered agent and re	egistered office on file	with the	_
•	Mark	T Mel	ool		· · · · · · · · · · · · · · · · · · ·
-	2829 (attlemen	Rd.		DIVIS 200
•	Sacre	ato El	21/12)		THE SECTION
	70102	STA PL	194000		NISION OF COR.
	street address of the new reg	istered agent (if chang	ed) and /or registered	office	2 P
(if changed):	Tream	$\alpha < (0)$	divell		7 3:
-	2870	Cattleme	on Rd		13 F
-	(P.O. B	ox or personal mailbox NOT a	acceptable)	~ ·	
-	Sara	sota El	34130	<u> </u>	1
The street addres changed will be i	s of its registered office and dentical.	I the street address of	the business office of	of its registered ag	ent, as
Such change was the board, or the	authorized by resolution decorporation has been notified	uly adopted by its bo	ard of directors or by hange.	an officer so auti	horized by
Monte	enature of an officer or director)	/	Mark M. (Printed or ty	ped name and title)	150
auties, and I am j heing filed merel	he appointment as registere o comply with the provision familiar with and accept th y to reflect a change in the vriting of this change.	ed agent and agree to s of all statutes relati e obligation of my po registered office add	act in this capacity. ve to the proper and c	complete perform	ance of my locument is stion has
Duran	Manual Signature of Registered Agent)	· · ·	04/06/	(Date)	
If signing on beh	alf of an entity:		•		
		erge og engelskaper og en skriver		** ***	_ <u>-</u> .=
	(Typed or Printed Name)			(Capacity)	

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