## P99000035378

(Requestor's Name)
(Address)
· (Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12/23/02--01033--012 \*\*35.00

FILED 02 DEC 23 PH 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

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(Name of corporation) SUBJECT: THE OSTHEN 990000035378 **DOCUMENT NUMBER:** 

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:

For further information concerning this matter, please call:

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

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Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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CR2E045(07/02)

## 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  $\underline{\text{FloruOA}}$  in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 54 2. The principal office address:

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 4/19/99 Document number: P9900035372
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

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, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or Vice chairman of the board) 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) If signing on behalf of an entity: TOSTMEN 702 (Typed or Printed Name) (Capacity) \* \* \* FILING FEE: \$35.00 \* \* \* MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: 3 DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314