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Office Use Only

Examiner's Initials

1. WEB WIZ	Document #)	
2(Corpo	oration Name) (Document #)	
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4(Corp	oration Name) (Document #)	· · · · · · · ·
	Pick up time Certified Copy RATE OF THE Photocopy Certificate of Status RATE OF THE OF THE Photocopy Certificate OF Status RATE OF THE OF THE Photocopy Certificate OF Status RATE OF THE	
NEW FILINGS	AMENDMENTS 5	-
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	٠.
Domestication	Dissolution/Withdrawal	
Other	Merger	1
Annual Report Fictitious Name Name Reservation	REGISTRATION/ POUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	-006 *35.00

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 the undersigned corporation organized under the laws of the State of FLORIDA the undersigned corporation organized under the laws of the State of FLORIDA the undersigned corporation organized under the laws of the State of FLORIDA the undersigned corporation organized under the laws of the State of FLORIDA the undersigned corporation organized under the laws of the State of FLORIDA the undersigned corporation organized under the laws of the State of FLORIDA the undersigned corporation organized under the laws of the State of FLORIDA the undersigned corporation organized under the laws of the State of FLORIDA the undersigned under the laws of the State of FLORIDA the undersigned under the laws of the State of FLORIDA the undersigned under the laws of the State of FLORIDA the undersigned under the laws of the State of FLORIDA the undersigned under the laws of the State of the Sta
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 is: Web Wise Ploquerions Inc.
1. The name of the corporation is.
2. The mailing address of the corporation is: 15751 SHERIDAN STREET #306
Z. The maining address of the corporation is:
FT. LAUDERDALE FL 3333/
3. Date of incorporation/qualification: 6/21/99 Document number: P99000056264
4. The name and address of the current registered agent and office:
CO P STANKING
De Not Accentable :
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
JOHN Kaye
15751 SHELIDAN STREET #306
ISTSI SHERIDAN STREET #306 FT. LAUDERDALE FL 33331
The street address of its registered office and the street address of the business office of its registered
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
JON KRUTCHIK
(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.
John 1/18/00
(Signature of Rogistered Agent) (Date)
If signing on behalf of an entity: Office Mge
(Typed or Printed Name) (Capacity)

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

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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