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LAW OFFICES

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A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

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JAMES L. CASE*

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WEB SITE: www.floridaclosings.com

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: ABZ VENTURES, INC.

Dear Sir:

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend your records at your earliest opportunity to reflect the change.

Very truly yours,

Karen Block
KAREN BLOCK,
Legal Assistant

KB

Encl.

99-109-269

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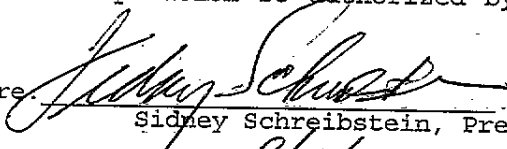
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter No: P99000064773
Date Filed: July 21, 1999
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.0501 and 607.0502, Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent, in the State of Florida.

1. The name of the corporation is ABZ VENTURES, INC..
2. The name and address of its present registered agent is:
Filings, Inc.
3732 N.W. 16th Street
Fort Lauderdale, Florida
3. The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)
SIDNEY SCHREIBSTEIN
1833 Southwest 31st Avenue
Pembroke Park, Florida 33009
4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature: 

Sidney Schreiberstein, President

Date: 8/16/99

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: SIDNEY SCHREIBSTEIN

Signature: 

(Agent)

Dated: 8/16/99

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA