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2 National Affinity Services, Inc.

1164 E. Oakland Park Blvd. Ft. Lauderdale, FL 33334

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Office Use Only

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(Corporation Name)	(Document #)
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☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director SECRETARY Change of Registered Agent Dissolution/Withdrawal Merger TALLOR SECRETARY FILED FILED
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other PO Change Spanje 7-22/02
	Examiner's Initials

CR2E031(7/97)

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	
submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida.	
	WC.
2. The mailing address of the corporation: 4737 N. Ocean Blvd #205 FF LOWD FT 33388	
3. Date of incorporation/qualification: Document number:	-
4. The name and address of the current registered agent and office:	
<u>Joel laverder</u>	
507 SE 11 CF	
FTLMD FL 33316	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	
4737 NOCEAN BIVATIONS = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 =	
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. 2g3 (Signature of an officer, chairman or vice chairman of the board) (Date)	
(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.	
(Signature of Registered Agent) (Date)	
(Signature of Registered Agent) If signing on behalf of an entity: (Typed or Printed Name) (Capacity)	
(Suparity)	

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314