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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	AMENDMEN	YTS	-
Profit	Amendment		
NonProfit	Resignation of R.	A., Officer/Director	
Limited Liability	Change of Registe	ered Agent	
Domestication	Dissolution/Witho	drawal	
Other	Merger		200003747452 3
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OTHER FILING			
Annual Report	QUALIFIC	ATION	
Fictitious Name	Foreign		- (1) (bail CH

Limited Partnership

Reinstatement

Trademark

Other

MEND 800

Examiner's Initials

Name Reservation

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 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: QP3 TRAINING SYSTEMS INC.
2. The mailing address of the corporation: P.O. Box 1977, Dungoin
FLORIDA 34697 - 1977
3. Date of incorporation/qualification: 1/200 Document number: 19900089580
4. The name and address of the current registered agent and office:
BYLE STEVEN H.
29741 69 STREET NORTH
CLEARWATER FL 33761 PG =
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
BRIAN J. ANDERSON
1542 DINNERBELL LANE
The street address of its registered office and the street address of the large of
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.
1970 JAnda 2-19-01
(Signature of an officer, chairman or vice chairman of the board) (Date)
BRIAN J. ANDERSON - PRESIDENT (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.
Dr. JAnd _ 2-19-01
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
TRIENAS(9/00)

P.O. Box 6327 TALLAHASSEE, FL 32314 AHN: KAREN GIBSON

DIVISION OF CORPORATIONS