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December 5, 2000

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: David & Louis, Inc.

Dear Sir or Madam:

Enclosed for filing please find a Statement of Change of Registered Agent for the above-referenced corporation. Kindly acknowledge receipt of the same by date stamping the enclosed copy of this letter and returning in the enclosed self-addressed stamped envelope.

Very truly yours,

WILLIAM G. SALIM, TR

WGS/cl Enclosure

cc: David & Louis, Inc.

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RA-Chg.

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 is: David & Louis, Inc.
2. The mailing address of the corporation is: 303 S.E. 6th Avenue, Pompano Beach,
Florida 33060
3. Date of incorporation/qualification: 11/10/99 Document number: P99000099171
4. The name and address of the current registered agent and office:
John T. Paxman
The Cart
1601 Forum Place, Suite 801
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
David Stambul
303 S.E. 6th Avenue
Pompano Beach, FL 33060
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.
11-19-00
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
(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) (Dayé)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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