DOCUMENT # P99000108748 1. Entity Name MILLENNIUM EXTERPLISES, JOC.					FILED	
Principal Place of Business Mailing Address 6911 NW 77 AVENUE 6911 NW 77 AVENUE M. AMT. FLORIDA 33166 M. AMI, FLORIDA 33166					OO OCT 20 AM IO: 13 SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Pla	ace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For Not Applied For	ole
Zip	Country	Zip Count			5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent	
0 0				Name Street Address (P.O. Box Number is Not Acceptable)		
M. AMI FLORIDA 33166				City Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registere				<u> </u>	_	
8. The above	named entity submits this statement for	the purpose of changing it	s registered o	office or register	ed agent, or both, in the State of Florida.	
SIGNATURE 4	Signature, type to printed name of registered agent ar	d title if applicable. (NO	TE: Registered Age	- PEUE Z ent signature required	when reinstaling) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOWILL FEE IS: \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State					400 A.V.	,
11. ·	OFFICERS AND E	DIRECTORS Delete	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	on (£
NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA PERIZ 6911 NW TO AMENUE MIAMI FLORIDA 33		NAME STREET AI CITY-ST-	1	2000034478121 -11/01/0001113011)
TITLE NAME STREET ADDRESS 'CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	1	****150.00 ******150.00 **********************************	ion C
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A		Change Addit	ion
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET A	DDRESS	☐ Change ☐ Addit	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	DDRESS	☐ Change ☐ Additi	ion
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-		. Change Addit	ion
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certific the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am metricer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 that changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE Plant Plant						

MILLENNIUM ENTERPRISES, INC. DOC. #P99000108748

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE UNIFORM BUSINESS REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY.

PATRICIA PEREZ PRESIDENT