559238

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 90000466869--8 -11/06/01--01041--005 *****35.00 ******35.00

SUBJECT: <u>CASHMELES</u>, <u>ETC.</u> INC. DOCUMENT NUMBER: \$59258

Enclosed are an original copy STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS and a check for \$35.00.

FROM: TENDIFER M. TYLER

1160 KANE CONCOURE = REPLANTE FLORIDA

SUITE 300

BAY HARBOR ISLANDS FLA. 33154

1-305 924 5551

T. LEWIS NOV 9 2001

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.
1. The name of the corporation: CASAMERES, ETC. INC.
2. The mailing address of the corporation: 11 60 KANE CONCOURSE
SUITE 305, BAY HARBOR ISLANDS FLATS TUTS >>154
3. Date of incorporation/qualification: 106/10/91 Document number: \$59258
5. Date of moon formation 1
4. The name and address of the current registered agent and office:
JENNIFER M TYLER PES 9
TWO F E. BROADVIEW DR ER ET
David - 00 00 15(200 F) 33/5(4) - F
The name and address of the new registored agont (it was a second
(P. O. Box Not Acceptable)
JENNIFER M TYLER
1160 KANE CONCOURSE
SUITE 300, BAY HARBOR ISLANDS FLA 33154
The street address of its registered office and the street address of the business office of its registered
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
authorized by the board.
(Signature of ah officer, chairman or vice chairman of the board) (Date)
The state of the s
(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)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314