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NEW FILINGS	- AMENDMENTS			-
Profit	Amendment			
NonProfit	Resignation of R.A., Officer/Di	rector		
Limited Liability	Change of Registered Agent			
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OTHER FILINGS	REGISTRATION/ QUALIFICATION	Rox young		ţ
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Fictitious Name	Foreign			
Name Reservation	Limited Partnership Reinstatement			
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Examiner's Initials

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 Floring and a second of the state of Floring at the second of t
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: Molding Systems Engineering Corporation
1. The name of the corporation is. 14181 8149 3451EMS BAGINEERING CORPORATION
2. The mailing address of the corporation is: PO Box 340245
Tampa, F1 33694
3. Date of incorporation/qualification: Oct. 22, 1991 Document number: S88941
4. The name and address of the current registered agent and office:
ANTHONY Pavis King 78 00 15717 Pony Place 78 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Tampa F1 33624
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
John Campbell PA.
101 East Kennedy; Suite 1080
Tampa, F1 33602
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Anthony King; President 6-29-98 (Printed or typed name and title) (Date)
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.
1/1//2 1/1
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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