Haubara Jading Requester's Name 10079 Olgany Bl Address Address City/State/Zip Phone # CORPORATION NAME(S) & DOCU	Office Use Only MENT NUMBER(S), (if known):
(Corporation Name)	(Document #)
2. (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time	(Document #) 40003163814
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials W 3/3

CR2E031(7/97)

· 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 Statutes, 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: WAUBANO TRADING POST, INC.
2. The mailing address of the corporation is: 10079 Cleary Blud.
Plantation, Florida 33324
3. Date of incorporation/qualification: 3-16-92 Document number: 802430
4. The name and address of the current registered agent and office:
The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Society
Headare S. Boyd - 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.
Worretta m. Boyd (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Henrietta M. Boyd Registered Agent (Typed or Printed Name) Registered Agent
*** FILING FEE: \$35.00 ***

CR2E045(7/97)