1369



ACCOUNT NO. : 072100000032

REFERENCE: 850686

7226630.

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: October 2, 2000

ORDER TIME : 5:02 PM

ORDER NO. : 850686

CUSTOMER NO: 7226630

CUSTOMER: Ms. Caroline Prummel-troost

Laurastar Usa

Suite 300

20283 State Road 7 Boca Raton, FL 33498

000003412590--6

-10/03/00--01034--001 *****35.00 *****35.00

CHANGE OF AGENT

NAME: LAURASTAR USA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

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: LauraStar USA, Inc. ()
2. The mailing address of the corporation is: 20283 State Road 7, Suite # 300
Boca Raton, Fl 33498
3. Date of incorporation/qualification: 04/23/1992 Document number: V31369
4. The name and address of the current registered agent and office:
PATRICK CURTIN
20283 ST RD 7 # 300
BOOA RATON FL 33498 38 8
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
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,
1/28/W
(Signature of an officer, chairman or vice chairman of the board) (Date)
PATRICK CURTIN 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.
By: (Signature of Registered Agent) (Date)
If signing on bohalf of an entity:
BRIAN COURTNEY ASST VD
(Capacity)
* * * FILING FEE: \$35.00 * * *
CR2EO45(7/97)

P. O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSER, FL 32314