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Office Use Only

Please i change the principle Address To: 2675 PALMER PLACE WESTON, FL 33382 Im the only Director, pls change that address also To Palmer Pl. THANICS. COVERLETTER
address also To Palmer Pl. Thanks,
TO: Amendment Section Division of Corporations
SUBJECT: World Wide Investibations, LTD. (Name of Corporation)
DOCUMENT NUMBER: V 68794
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronald J. Cacciatore (Name of Contact Person)
WORLD WIDE INVESTIGATIONS LTD
2675 PALMER PLACE (Address)
WESTON, FL. 33332_ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 868-0828 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	rovisions of secti	ons 607.0502, 61	7.0502, 607.1508, 0	er 617.1508, Florida Stat	utes, this
statement of char	ige is submitted f	or a corporation	organized under the	laws of the State of 🗜	LORIDA
in order	_		•	both, in the State of Flor	
1. The name of the	ne corporation:	 		STIBATIONS	المدار، طالبا
2. The principal of the S	office address:		PALMER 2	PLACE	
3. The mailing ac	ldress (if differen	i):	j Tr		
4. Date of incorp	oration/qualificat	ion: 10-6-	92 Docume	ent number: V687	194
	street address of ment of State:		ered agent and regis	tered office on file with t	
	75.0	5.E.	3rd Ave	年201	0_
	Ft. LA	voerdale	-, Fl. 33	316	TO SE T
6. The name and (if changed):	street address of	the new registere	ed agent (if changed)	and /or registered office	LED MO OF STATE
	2675		ER PLA	ce	OBEL O
	WES	(P.O. Box NOT ac	C. 3333	.2.	** • • • • • • • • • • • • • • • • • • •
				e business office of its r	
Such change was authorized by the	as authorized by the board, or the c	ciatro	adopted by its board been notified in writ Rona	of directors or by an of ing of the change. d J Gcci Printed or typed name and title	store Dir.
of my auties, an document is bei	the appointment to comply with the d I am familiar v ng filed merely to been notified in	vun ana accept i o reflect a chang	the obligation of my ge in the registered (ct in this capacity. to the proper and comply position as registered to office address, I hereby	ete performance ngent. Or, if this confirm that the
Konaly	enature of Registered A	ecutro.	12.	30-05 (Date)	
Ronald	half of an entity:	ciatore	NC DDD, 025 90 +		·
		^ ^ ^ KILI	NG FEE: \$35.00 *	**	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314