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Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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|          | (Corporation Name)   | (Document #)   |   |
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| NEW FILINGS |                   |
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|             | Profit            |
|             | NonProfit         |
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|             | Domestication     |

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|   | AMENDMENTS                             |
|---|--|
|   | Amendment                              |
|   | Resignation of R.A., Officer/ Director |
| 1 | Change of Registered Agent             |
|   | Dissolution/Withdrawal                 |
|   | Метдет                                 |

| 쩴 | OTHER FILINGS    |
|---|------------------|
|   | Annual Report    |
|   | Fictitious Name  |
|   | Name Reservation |

Other

| 製造 | REGISTRATION QUALIFICATION |
|----|----------------------------|
|    | Foreign                    |
|    | Limited Partnership        |
|    | Reinstatement              |
|    | Trademark                  |
|    | Other                      |

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Certificate of Status

| Examiner's Initials |  |  |
|---------------------|--|--|
|                     |  |  |



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 6, 1997

PROFESSIONAL REALTY CONSULTANTS 2503 DEL PRADO BLVD. SOUTH TRUST BANK BLDG., SUITE 500 CAPE CORAL, FL 33904

SUBJECT: RINGER, INC. Ref. Number: P96000064532

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Letter Number: 597A00000412

Carol Mustain Corporate Specialist

### Florida Department of State, Sandra B. Mortham, Secretary of State

# 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 FLOKIOA   |
| submits the following statement in order to change its registered office or registered agent, or both, in the  |
| 1. The name of the corporation is:   |
| 1. The mane of the corporation is.   |
| 2. The mailing address of the corporation is: 4921 S.W. LIAVE CAPE. CORAC  FLORIDIT 33914  |
| 3. Date of incorporation/qualification: August 1996 Document number: P9600064532 4. The name and address of the current registered agent and office:   |
| AMERILAWIER® CHARTERES.  |
| 343 ALMERIA AVENUE.  |
| CORAL GABLES, FRORIDA. 33134   |
| 5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)  |
| HETER LA GENVE # 1999  |
| Solution and address of the new registered agent and omice: (P.O. Box Not Acceptable)  SECRETAR  4971 S-W. 1(Av.C. 2007)   |
| Cape Corel, Elouda 33914 3   |
| 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)  (Signature of an officer chairman or vice chairman of the board)   |
| (Date)   |
| TETER LA ORAUE   |
| (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. |
| (Sygnature of Registered Agent)  (Date)  |
| If signing on behalf of an entity:   |
| TER E- LA GRAVE Secretain  |
| (Typed or Printed Name) (Capacity)   |

CR2E045(1/95)