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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: E-2 MANAGE MENT Gavices, INC (Name of corporation)
DOCUMENT NUMBER: 70 30000 8478
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:
CANOS FernAnder (Name of person)
(Name of person)
E-2 MANAGEMENT Services, Inc. (Name of firm/company)
(Name of firm/company)
1315 Sw 90 AU. (Address)
M: Ami, FL 33174 (City/state and zip code)
(City/state and zip code)
For further information concerning this matter, please call:
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

change is submitte	•	n organized u	nder the	laws of the Sta	te of	lorida Statutes, this s FLoridA	
1. The name of the	corporation:	E-2 1	ΜΑνΑ	GEMEN	+ Ser	vices, Two	<u>-</u> -
2. The principal of	fice address:	159	832			tur	
3. The mailing add	dress (if different):		<u> </u>		it:		
4. Date of incorpo	ration/qualification	ո։	03	Document	number:	P030000	हैताह।
5. The name and s Florida Departn	treet address of the nent of State:	e current regis	tered age	nt and register	ed office on	file with the	۽ س
_	Loicel	Morales			<u>,</u>	F.C.	差二
_	15832	Sw -	19 th	terr		ASS	Q W
_	M; Ani;	FL	33	193	<u>.</u>		a E
6. The name and s (if changed):	treet address of the	e new register Fern And	J	, ,	J	ered office	2 1
_	13 15		901				, ·- ·
-	1213			ilbox NOT acceptable	ie)	<u> </u>	
_	mi An	1: FL	33	174		<u> </u>	.72
The street address changed will be is	s of its registered dentical.	office and the	street ac	ddress of the b	usiness offi	ce of its registered	agent, as
Such change was the board, or the	authorized by rescorporation has be	solution duly a sen notified in	adopted l writing	by its board of of the change	directors o	r by an officer so at	thorized by
₹ (Sig	nature of an officer or d	irector)	<u> </u>		CAr\o5	Funtudez or typed name and title)	
I hereby accept the I further agree to duties, and I am fibeing filed merely been notified in w	ne appointment as comply with the p familiar with and y to reflect a chan vriting of this chai	registered as provisions of accept the ob- ige in the regi nge.	gent and all statut ligation stered o <u>j</u>	agree to act in les relative to to of my position fice address, l	this capac he proper c as register hereby cor	ity, and complete perfor ed agent. Or, if this afirm that the corpo	mance of my s document is ration has
× (//	(R)					1/8/04	
	ignature of Registered A	(gent)		<u> </u>		(Date)	
If signing on beha	alf of an entity:						
	Typed or Printed Name	,	<u>, .</u>			(Capacity)	· ·

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