733698

- C: /60	Venice, FL 34284	0000
City/State/Zip) FROME #	Office Use Only
CORPORATION NA	ME(S) & DOCUMENT NUMBER	R(S), (if known):
	· /	
1. (Corporat	tion Name) (Document	nt #)
2. (Corporat		
(Corporat	tion Name) (Document	nt #)
3. (Corporat	tion Name) (Docume	nt #)
(Corporal	tion Name) (Docume	nt #)
☐ Walk in ☐	Pick up time	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
EW FILINGS	AMENDMENTS	
Profit	Amendment	4 500002694555 -11/23/9801148- - *****35.00 ****
VonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	As
Other	Merger	98 NOV 23
OTHER FILINGS	REGISTRATION/ ()	BR NOV 23 AMII
	QUALIFICATION	\$3.23 7.53
Amilian Report	Foreign	AM II: 52 AM II: 52
Fictitious Name	Limited Partnership	
	Limited Farthersing	
Name Reservation	Reinstatement	Dari N

Florida Department of State, Jim Smith, 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

	orida submits the egistered agent, or both			der to change its	register	ea ott	ice
	The name of the corpor	The '		ociation, Inc.	-		
- -	The hame of the corpor						
1b.	Date of incorporation	09/02/1975		Document num	pe <u>r 733698</u>		
2.	The name and address Becker, Poliakoff,		egistered a	gent and office:	ALLAH	NON 86	T
	630 S. Orange Ave,	3rd Floor, Sa	rasota, FI	34236	13S	23	ii Carrier
3. 7	The name and address (P.O. Box Not A William D. Clark, 1	Acceptable)	tered agent	and office:	OF STAI E.FLORI	AM 11: 52	-0
	479 Albee Farm Rd,	Venice, FL 34	292-1203		D'E	• •	
	ch change was authorized by officer so authorized by Vugnia M. Vel SIGNATURE	the board.	VIRG	ted by its board of M. KELLEY or printed name	y/Pro	SI DE	
	DATE	· · · · · · · · · · · · · · · · · · ·		· .	-		
PR IN AG WI PL	VING BEEN NAMED AS OCESS FOR THE ABOY THIS CERTIFICATE, I H BENT AND AGREE TO A TH THE PROVISIONS O ETE PERFORMANCE OF IE OBLIGATION OF MY	VE STATED CO IEREBY ACCEP ACT IN THIS CAI OF ALL STATUT OF MY DUTIES, POSITION AS F	RPORATIO T THE APF PACITY. II ES RELATI AND I AM I	N AT THE PLAC POINTMENT AS I FURTHER AGRE VE TO THE PRO FAMILIAR WITH A	E DESIG REGISTI E TO CO PER AN	SNAT ERED OMPL ID QC	_Y DM-
		DAT		(Registered ovember 20, 199	Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00