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| Req | uestor's Name | | · |
| | | | |
| - 2 4 | Address | 8000026 -10/02/9 | 545782 ·· |
| Chaylon | ~ MO | *****35 | 00 *****35.00 |
| City/State/2 | Phone # | Office Use Only | |
| | (T) C TO CYTH (ENITH NIT | TARDED(S) (if known): | |
| CORPORATION 1 | NAME(S) & DOCUMENT NU | MDER(S), (n mona). | |
| | · | | |
| 1(Corp | oration Name) | Document #) | ************************************** |
| | | . 11 | |
| (Corp | oration Name) | (Document #) | |
| 3 | oration Name) | (Document #) | |
| (Corp | of attori istate) | ` | |
| 4(Cor | ooration Name) | (Document #) | |
| | | | =tro |
| ☐ Walk in | Pick up time | Certified Copy | SECR SECR |
| Mail out | Will wait Photocop | y Certificate of Status | |
| | AMENDMENTS. | | FILEI OT -2 |
| NEW FILINGS | Amendment | , and the second | ₽¢ ₤ ∪ |
| Profit | Resignation of R.A., Officer/ | Director | 7: 45 |
| NonProfit | Change of Registered Agent | | > от . |
| Limited Liability | Dissolution/Withdrawal | - | i |
| Domestication | Merger | | |
| Other | Merider | | |
| OTHER FILINGS | REGISTRATION/ | NOTICE TO THE PROPERTY OF THE | |
| Annual Report | QUALIFICATION | | |
| Fictitious Name | Foreign | | |
| Name Reservation | Limited Partnership | | |
| Ivalle reservation | Reinstatement | 10- | 7-98 |
| | Trademark | <u> </u> | |
| | Other | | |
| | | | |

CDAE021/1/05\

Examiner's Initials

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 607.05 Florida Statutes, the undersigned corporation ohiosubmits the following statem or registered agent, or both, in the State of Fl | organized under the laws of the State of ent in order to change its registered office |
|--|--|
| 1a. The name of the corporation is: MERCANTI | |
| 1b. Date of incorporation05/15/96 | Document number_F97000006502 |
| 2. The name and address of the current regi | ER ST |
| c/o Gayfer's, 11701 28th St., N, St. Pe | tersburg, FL 33701 |
| The name and address of the new registe (P.O. Box Not Acceptable) | |
| c/o C T CORPORATION SYSTEM, 1200 South E | ine Island Rd., Plantation Florida 3332 |
| The street address of its registered agent and of its registered agent as changed will be identified by resolution during an officer so authorized by the board. SIGNATURE DATE | Paul J. Schroeder, Jr., Vice President (Type or printed name and title) |
| HAVING BEEN NAMED AS REGISTERED AND PROCESS FOR THE ABOVE STATED CORING THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAPA WITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AND THE OBLIGATION OF MY POSITION AS RESIGNATURE | PORATION AT THE PLACE DESIGNATED THE APPOINTMENT AS REGISTERED ACITY. I FURTHER AGREE TO COMPLY S RELATIVE TO THE PROPER AND COM- ID I AM FAMILIAR WITH AND ACCEPT GISTERED AGENT. C T COMPORATION SYSTEM E BY: |
| J. L. Miles, Asst DATE <u></u> | . secretary (Registered Agent) |
| Division of Corporations, P.O. B | |

CR2E045 (7-91)

(FLA. - 2194 - 3/4/92)