## WILLIAM P. MCCAUGHAN SUITE 2803, BRICKELL BAY VIEW CENTRE 80 S.W. EIGHTH STREET MIAMI, FLORIDA 33130-3047

City/State/Zip

Phone #

600002991366--6 -09/20/99--01111--009 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Examiner's Initials

Office Use Only

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

| 1                          |                                       |
|----------------------------|---------------------------------------|
| (Corporation Name)         | (Document #)                          |
| 7                          | 2 % So_                               |
| (Corporation Name)         | (Document #)                          |
| 3                          | (Document #)  (Document #)            |
| (Corporation Name)         | (Document #)                          |
| •                          | 10 P. 2                               |
| (Corporation Name)         | (Document #)                          |
| ☐ Walk in ☐ Pick up time _ | Certified Copy                        |
| ☐ Mail out ☐ Will wait     | Photocopy                             |
| NEW FILINGS                | <u>AMENDMENTS</u>                     |
| ☐ Profit                   | ☐ Amendment                           |
| ☐ Not for Profit           | Resignation of R.A., Officer/Director |
| Limited Liability          | Change of Registered Agent            |
| Domestication              | Dissolution/Withdrawal                |
| Other                      | ☐ Merger                              |
| OTHER FILINGS              | REGISTRATION/QUALIFICATION            |
| ☐ Annual Report            | ☐ Foreign                             |
| Fictitious Name            | ☐ Limited Partnership                 |
|                            | Reinstatement RA Chg.                 |
|                            | Trademark 0.4 1000                    |
|                            | Other V. SHEPARD SEP 2 4 1999         |
|                            |                                       |

CR2E031(7/97)

## 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 Florida   |
| submits the following statement in order to change its registered office or registered agent, or both, in  |
| the State of Florida.  |
| 1. The name of the corporation is: National Association of Drug Free Employees, Inc.   |
|  |
| 2. The mailing address of the corporation is: 2307 North Parham Road, Richmond, VA   |
| 23229  |
| 3. Date of incorporation/qualification:  |
| 4. The name and address of the current registered agent and office:  |
| - Section of the sect |
| Corporate Access, INC  |
| 236 E. lot Street  |
| Tallahassee F1 32303   |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)   |
| William P. Mc Caughan, Erq.  |
| 80 S.W. Eighth Street, Suite 2803  |
| <del></del>  |
| Miami, FL 33130  |
| 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 beard.   |
| 8/16/99  |
| (Signature of an officer, chairman or vice chairman of the board)  (Date)  |
| The state of the s |
| 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.  |
| William 8.16 Causton 9/19/99   |
| (Signature of Registered Agent) (Date)   |
| If signing on behalf of an entity:   |
| WILLIAM P.H. CA OCHAN ATTOMEY (Typed or Printed Name) (Capacity)   |
|  |

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