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Examiner's Initials

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 ofFLORIDA |
|---|
| 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: ACORN VILLAGE MANAGEMENT, INC. |
| 2. The mailing address of the corporation is: |
| (, lond + to 5) 301 |
| 3. Date of incorporation/qualification: 10 0 0 0 0 Document number: 10 0 0 4. The name and address of the current registered agent and office: |
| |
| |
| |
| 5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Clifford B. Shepard, III, Esquire Shepard, Filburn & Goodblatt, P.A. |
| 221 N.E. Ivanhoe Boulevard, Suite 205 |
| Orlando, Florida 32804 |
| 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) (Date) |
| Flance F. Carney President (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. |
| (Signature of Registered Agent) 3-27-97 (Date) |
| If signing on behalf of an entity: |
| Clifford B. Shepard, III Attorney at law (Capacity) |

CR2E045(1/95)

FILING FEE: \$35.00

(Capacity)