

January 14, 2002 BEAUTIFICAN PROGRAM

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Document #: N50140

Change of registered agent and revision of bylaws

Enclosed please a check in the amount of \$35, the filing fee for a change of the registered agent and office of the Mayor's Beautification Program, Tampa, FL. Additionally, enclosed is a copy of revised bylaws for the organization and the minutes of the meeting of Board of Directors where the revised bylaws were adopted.

Please contact me if you have any questions regarding these changes. Thank you.

Sincerely,

Terri Elise Goldstein, CFRE

Program Administrator

813-221-8733

260 no or

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

the undersigned corporation organize following statement in order to change Florida.	ed under the lo e its registered o	iws of the St ffice or registe	tate of le ered age	Florida ent, or both	: subm	its th	ıe.
1. The name of the corporation: Ma	yor's Beauti	<u>fication Pr</u>	rogram	, Inc.			_
2. The mailing address of the corporat	ion:	400 North	Tampa	Street, Suite	Tampa, 1350	FL 3	∸ <u>}3</u> 602 –
3. Date of incorporation/qualification:	7-27-92	Document nu	ımber: N	(50140			
4. The name and address of the curren	nt registered age	ent and office:			35	02	
Ross Fer	lita				AK.		11
7525 Nor	th Boulevard			· ·	AS	<u></u>	-
Tampa, F					3338	-	
5. The name and address of the nechanged):		gent (if chan	nged) an	nd/or regis	stered of ORID	PM (1889) (18	Ö
	P.O. Box Not Ac	ceptable)			<u> </u>		
Deborah K		·		-	-		
400 North	Tampa Stree	<u>t - Suite 1</u>	350				-
Tampa, FL	33612			<u></u> .		-	_
The street address of its registered officagent, as changed, will be identical. Such change was authorized by resolute authorized by the board. (Signature of an officer chairman or vice chairs.)	tion duly adopte	-					
			EF	(Hace)/			
Barry Preusch, President (Printed or typed name and to	itle)	•			**		
Having been named as registered as corporation, I hereby accept the appoin further agree to comply with the properformance of my duties, and I am registered agent. (Signature of Registered Agent)	tment as registerisions of all s familiar with	red agent and statutes relati	d agree ive to t	to act in t he proper	his capae and co	city. molete	Į
If signing on behalf of an entity:							
(Typed or Printed Name)			<u> </u>	(Capacity)			
* * * CR2E045(9/00)	FILING FEE: 9	\$35.00 * * *					

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations