

# N96000000987

CT CORPORATION

CORPORATION(S) NAME

The William J. von Liebig Foundation Inc.

FILED  
2002 FEB 27 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000005024250--2  
-02/27/02 01052-018  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input checked="" type="checkbox"/> CUS          |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

Name 2/27/02 Order#: 5151358  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_ Ref#: \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Amount: \$ \_\_\_\_\_

02 FEB 27 PM 12:17

RECEIVED

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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 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 : The William J. von Liebig Foundation Inc.

2. The mailing address of the corporation : 8889 Pelican Bay Blvd., Suite 402

Naples, FL 34108

3. Date of incorporation/qualification: 2-23-96 Document number: N96000000987

4. The name and address of the current registered agent and office:

Hamilton Management Services, Inc.

1899 Mission Drive

Naples, FL 33942

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

The von Liebig Office, Inc.

8889 Pelican Bay Blvd., Suite 403

Naples, FL 34108

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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.

*Linda A. Hamilton*  
 (Signature of an officer, chairman or vice chairman of the board)

2/24/02  
 (Date)

Linda A. Hamilton, 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.*

THE VON LIEBIG OFFICE, INC.

By: *Linda A. Hamilton*  
 (Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Linda A. Hamilton, President  
 (Typed or Printed Name) (Capacity)

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