of 2 f Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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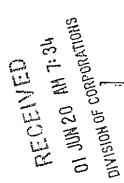
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REGISTERED AGENT CHANGE

USGF, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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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 Statute | £5, | |
|--|--------------|--|
| 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: USGF, Inc. | | |
| 2. The mailing address of the corporation: 6900 Phillips Highway, Suite 47, Jacksonvill | <u>e,</u> | |
| Florida, 32216 | | |
| 3. Date of incorporation/qualification: 11-30-2000 Document number: P00000110873 | - | |
| 4. The name and address of the current registered agent and office: | • | |
| Robert O. Mickler |) | |
| One Independent Drive, Suite 3000 | | |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable) | 20 3 | |
| Ben T. Franklin, Jr. | 102 | |
| 6900 Philips Highway, Suite 47 | | |
| | | |
| The street address of its registered office and the street address of the business office of its register 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. | J | |
| 5 30 0 | | |
| (Signature of an officer, chairman or vice chairman of the board) (Date) | | |
| Ben T. Franklin, Jr., 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) (Date) | | |
| If signing on behalf of an entity (Typed or Printed Name) (Capacity) | . | |
| * * * FILING FEE: \$35.00 * * * | | |
| CR2E045(9/00) DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314 | | |

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