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CI Corporation Sys	tem	
Requestor's Name 660 East J efferson	Street	
Address Tallahassee, FL 32	310 222-1092	300002610783G -08/07/9801055024
City State Zip	Phone	******35.00 *****35.00
CORPOR	ATION(S) NAME	
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Name Availability Document Examiner Updater Verifier Acknowledgment W.P. Verifier	Please Return Extr. File Stamped. Tha	RECEIVED 98 AUG -7 PMI2: 11 OIVISION OF CORPORATION

CR2E031 (1-89)

Florida Department of State, Jim Smith, 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 of submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Lawson Land Company
1b. Date of incorporation August 30, 1995 Document number P95000067158
2. The name and address of the current registered agent and office:
8160 N.W. 93rd Street, Medley, FL 33176
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324
The street address of its registered agent 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. James O. Cole, V.P. Tuly 21, 1998 DATE The street address of the business office and the street address of the business office and the business office and the street address of the business of the business of the business of the street address of the street a
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 BY: (Registered Agent) VICKY GOLDSTEIN

CR2E045 (7-91) Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(FLA. - 2194 - 3/4/92)