

P96000101780

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA-00000017

REFERENCE: _____
(Sub Account)

DATE: 8/24/98

400002622944--9
-08/24/98--01046--014
****210.00 ****35.00

REQUESTOR NAME: CARLTON FIELDS

ADDRESS: P. O. BOX 190

TALLAHASSEE, FL 32302

TELEPHONE: (850) 224-1585

CONTACT NAME: AILSA

CORPORATION NAME: _____

ENTITY NUMBER: _____
(if applicable)

AUTHORIZATION: Ailsa Aueheta

FILED
98 AUG 24 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
98 AUG 24 AM 11:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> Certified Copy (1-9) | <input type="checkbox"/> UCC'S | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> New Filings | <input type="checkbox"/> Plain Stamped Copy | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Amendments | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Y#53890.1

Statement of change of registered agents (6).

R.A. Address change

DLW 8/24

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 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 is: Columbus Warehouse Management, Inc.

2. The mailing address of the corporation is: 6730 Epping Forest Way, N. #107
Jacksonville, FL 32217

3. Date of incorporation/qualification: December 17, 1996 Document number P960000101780

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

Lewis B. Pollak, Sr.
3335 Chantarene Drive
Pensacola, FL 32507

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

Lewis B. Pollak, Sr.
6730 Epping Forest Way, N. #107
Jacksonville, FL 32217

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Lewis B. Pollak Sr _____ (Date)
(Signature of an officer, chairman or vice chairman of the board)

Lewis B. Pollak, Sr., President _____ (Date)
(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.

Lewis B. Pollak Sr _____ (Date)
(Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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