ACCOUNT NO.

072100000032 :

REFERENCE:

0.64961 95101A

AUTHORIZATION

COST LIMIT :

ORDER DATE: December 14, 1998

ORDER TIME : 5:07 PM

ORDER NO. : 064961

CUSTOMER NO: 95101A

CUSTOMER: Ms. Vangie Espino-reynolds Salley Feinberg & Hames, P.a.

P. O. Box 3829

Orlando, FL 32802-3829

CHANGE OF AGENT

NAME: SSIC, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Christopher Smith

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607. the undersigned corporation organ submits the following statement in or	0502, 617. Nized und der to cha	.0502, 607.15 'er the laws nge its registe	508, or 61 7.13 of the Sta ered office or	te of registered agent, of
both, in the State of Florida.				1862 & 12
1a. The name of the corporation is:	SSIC, I	NC.		10 10 CO
				350 M
1b. The mailing address of the corporati	ion is :			
250 N. Westlake Bouleva	rd, Suit	e 240, Thou	ısand Oaks	, CA 913627
1c. Date of incorporation: December	7, 1998	Document :	number: P9	8000101544
2. The name and address of the curre	ent register	ed agent and	office:	
RUSSELL P. H	•			
390 N. Orang	e Avenue	, Suite 25	00	
Orlando, Flo				
Oriando, Fic	IIUa JZ			
3. The name and address of the new re Corporation				ot Acceptable)
1201 Hays St	reet		· · · · · · · · · · · · · · · · · · ·	
Tallahassee,	Florida	32301		
The street address of its registered or registered agent, as changed, will be i	office and dentical.	the street ad	dress of the	business office of
Such change was authorized by resolu	ition duly a	adopted by its	board of dir	ectors or by an offic
so authorized by the board.			ا ا	00
			12.7	2 te)
(Signature of an officer, chairman or wee chairman of the board)			,,,	
Stuart I. Schneider, Presid	lent ·			
(Printed or typed name and tide)				on for the shave sta
Having been named as registered as corporation, Thereby accept the application of the performance of my duties, and I am registered agent.	jent and to intrientas rovisions o familiar v	o accept serving acce	ree of ploces entand agre relative to the ept the oblig	e to actin this capac he proper and compl ation of my position
(Signature of Registered Agent)			(1	Date)
If signing on behalf of an entity:				
Karen B. Rozar, As Its Ager	n#			•
Karen B. Rozar, As its ago			IC:	ipacity)