

## Florida Department of State

Division of Corporations
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Division of Corporations

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From:

Account Name : GREEN SCHOENFELD & KYLE LLP

Account Number : I20000000177
Phone : (941)936-7200

Phone : (941)936-7200 Fax Number : (941)936-7997

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## REGISTERED AGENT CHANGE

DAVID C. BROWN REALTY, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

8/31/2001

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

	o the provisions of sections igned corporation organized		, 607.1508, or 617.1508, Fi State of Florida	lorida Statutes,
			tered office or registered ag	ent, or both, in
the State of				, , , , , , , ,
1. The nam	e of the corporation : Day	vid Brown Realty,	Inc.	بنيو
		351.5 7	··	
2. The mail	ling address of the corporation	on: 4101 Evans A	venue	
	Fort Myer	s, Florida 33901		
3. Date of:	incorporation/qualification:	4/29/91	Document number: _S484	122
4. The nam	e and address of the current	registered agent and o	office:	
	David C. Brow	n		
	4048 Evan	s Avenue #301		
5. The name	e and address of the new reg	s. Florida 33901 istered agent (if chang P. O. Box Not Accept	ged) and/or registered office	(if Changed):
	Bruce D	. Green		35
	1520 Ro	yal Palm Square E	Soulevard, #320	
	Fort My	ers, Florida 3391	<u></u> ;,	2°
The street a agent, as ch	ddress of its registered offic anged, will be identical.	ce and the street addre	ess of the business office of	its registered
Such chang authorized l	e was authorized by resolut by the board.	ion duly adopted by i	ts board of directors or by a	
(Signa	ature of an officer, chairman or vice of	chairman of the board)	<u> </u>	0/
	,	<b>-</b>	(Dato)	
	vid C. Brown, III (Printed or typed name an			
Having been corporation further ago performance registered a	n named as registered agen , I hereby accept the appoir ree to comply with the prov e of my duties, and I am fan gent.	t and to accept servic ntment as registered a isions of all statutes r niliar with and accept	e of process for the above s igent and agree to act in thi elative to the proper and co t the obligation of my position	tated s capacity. mplete on as
-les	(Signature of Registered Agent)		8-32-01	
f signing on b	ehalf of an entity:		(Date)	
-	•			
	(Typed or Printed Name)		(Capacity)	
	***	FILING FEE: \$35.0	0 * * *	
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