N94000003585

F L O R I D A FAMILY ASSOCIATION

Post Office Box 82722 Tampa, Florida 33682-2722

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314 98 AUG -3 AN II: OR
SECRETARY OF STATE
TALL AHASSES FLODINA

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R-A. Change 8-5-98

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 <u>FLORIDA</u> |
|--|
| 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: Florida Family Association, Inc. |
| |
| 2. The mailing address of the corporation is: P.O. Box 8272Z |
| Tampa, FL 33682 |
| 3. Date of incorporation/qualification: 7-18-94 Document number: N940000358 |
| 4. The name and address of the current registered agent and office: |
| David Caton |
| 9505 Larkbunting Orive |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) |
| Christing Byckles |
| 12104 SHADY FOREST DRIVE |
| |
| Tampa, FL 33569 |
| 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 |
| 7-28-98 |
| (Signature of an officer, chairman or vice chairman of the board) (Date) |
| David E. Caton Chairman 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: |
| Christing Byckes (Typed or Printed Name) (Capacity) |
| (Typed or Printed Name) (Capacity) |

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