

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

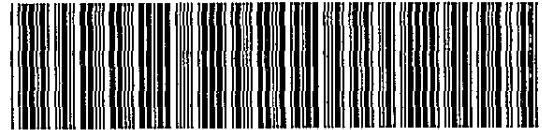
(Business Entity Name)

(Document Number)

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Document Number Only

017109

C T CORPORATION SYSTEM

Requestor's Name  
1311 Executive Center Drive, Suite 200

Address  
Tallahassee, FL 32301 656-8298

City State Zip Phone  
PLEASE CALL CONNIE OR MELANIE IF PROBLEMS

CORPORATION(S) NAME

The Corporation Company

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                   |
| <input type="checkbox"/> NonProfit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                     |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of R/S |
|  |   | <input type="checkbox"/> Fictitious Name          |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                      |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30               |
| <input checked="" type="checkbox"/> Walk In  | <input checked="" type="checkbox"/> Will Wait   | <input type="checkbox"/> Pick Up                  |
| <input type="checkbox"/> Mail Out            |   |   |

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11/31/92  
FILED 3.00  
RECEIVED 35.00  
CORP ONLY  
CUS  
OVERPAYMENT  
TOTAL 35.00

17109

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 FLORIDA 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: THE CORPORATION COMPANY

1b. Date of incorporation June 23, 1925 Document number 017109

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

C T CORPORATION SYSTEM

c/o C T Corporation System, 8751 W. Broward Blvd., Plantation, FL 33324

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

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c/o C T Corporation System, 1200 S. Pine Island Rd., Plantation, FL 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.

*John D. Kelly*  
SIGNATURE  
JANUARY 20, 1992  
DATE

JOHN D. KELLY, VICE PRESIDENT  
Typed or printed name and title

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.

C T CORPORATION SYSTEM  
SIGNATURE *Herbert R. Gritmon*  
(Officer)  
DATE JANUARY 20, 1992

HERBERT R. GRITMON, VICE PRESIDENT  
(Type Name and Title of Officer)

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