CAPITAL CONNECTION, INC.

417/E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Walk-In	Will Pick Up	

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	Art of Inc. File			. .
	LTD Partnership File			
	Foreign Corp. File			
	L.C. File			
	Fictitious Name File			
	Trade/Service Mark			
	Merger File			
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	Dissolution / Withdrawal			_
	Annual Report / Reinstatement□			
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	Fictitious Search	-		
	Fictitious Owner Search_			-
	Vehicle Search			
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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 607.0502, 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 WACKENHUT CORPORATION 1b. The mailing address of the corporation is: _ 4200 Wackenhut Dr., #100, Palm Beach Gardens, FL. 33410 1c. Date of incorporation: 12/4/58 Document number: 217838 The name and address of the current registered agent and office: Timothy J. Howard <u>4200 Wackenhut Dr., #100</u> Palm Beach Gardens, FI33410-4243 3. The name and address of the new registered agent and office:(P.O. Box Not Ad F.E. Finizia 4200 Wackenhut Dr., #100 Palm Beach Gardens, FL 33410-4243 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. (Signature of an officer, chairman or wee chairman of the board) C YOR Richard R. Wackenhut (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. THE WAS THE (Signature of Registered Agent) If signing on behalf of an entity: F.E. Finizia (Typed or Printed Name) (Capacity)

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

FILING FEE: \$35.00

CR2E045(11/94)