Document Number Only

CT Corporation System

252940

Requestor's Name 660 East J efferso	n Street	
Address Tallahassee, FL 32310 222-1092		800002718128—-Ō -12/22/9801001011
City State Zip	p Phone	*****35.00 *****35.00
CORPOR	RATION(S) NAME	
National Mo	nument Co, l	
() Profit () NonProfit	() Amendm	ient () Merger 2 2
() Foreign	() Dissolution	on/Withdrawal () Limited Etability Compan
() Limited Partnership () Reinstatement () Fictitious Name	() Annual R ()Name Reg: ()UCC-1 Fi	leport () Other = 3
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CR2E031 (1-89)

W.P. Verifier

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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 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: National Monument Co., Inc.
1b. Date of incorporation November 8, 1961 Document number 252940
2. The name and address of the current registered agent and office: Gabriel Romanach
11655 SW 117th Ave., Miami, Florida 33186
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Floraga 33524
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. Frank L. Matasavage, Secretary
SIGNATURE (Type or printed name and title) DATE
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.
SIGNATURE BY:
DATE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA - 2194 - 3/4/92)

CR2E045 (7-91)