342554

KARL W. BOYLES, JR. ATTORNEY AND COUNSELOR AT LAW

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October 2, 2002

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Department of State Division of Corporations P.O. Box 6327 Tallahassee. FL 32301

700008230407--5 -10/07/02--01032--007 *****35.00 *****35.00

Re:

Jim Wells & Assoc., Inc. Change Registered Agent

Dear Sirs:

Enclosed please find Statement of Change of Registered Agent of the above corporation.

Check is enclosed in the amount of \$35.00.

Yours very truly,

Debra M. Turi, Secretary to Karl W. Boyles, Jr., Esquire

dmt Enclosures O2 OCT -7 PN 10: OS SECRETARY OF STATE

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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 the state of Florida	
the State of Florida.	
1. The name of the corporation: Jim Wells & Assoc., Inc.	-
2. The mailing address of the corporation: 110 E. Wright Street	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
P.O. Box 7064	p manage (string a
3. Date of incorporation/qualification: 3/6/69 Document number: 342554	
4. The name and address of the current registered agent and office:	
James E. Wells, Sr.	. ==
110 E. Wright St.	- Land
Pensacola, Fl. 32501 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	
3211 Creekwood Drive	
Cantonment, FL 32533	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
authorized by the board.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	ri je s ^{ilo} l
James E. Wells, II President (Printed or typed name and title)	4
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 of my position and the complete performance of Registered Agent) (Signature of Registered Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	