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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

BESSENT, HAMMACK & RUCKMAN, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Florida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Bessent, Hammack & Ruckman, Inc.	
1. The name of the corporation: Bessent, Hammack & Ruckman, Inc.	
2. The principal office address:	2
3. The mailing address (if different):	FILED WILL 24 FILED WILL 24
4. Date of incorporation/qualification: 8/14/1969 Document number: 350751	星
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	50000000000000000000000000000000000000
Milam Howard Micandri Dees & Gillam, PA	∂ C.,
50 N. Laura Street	1
Jacksonville, FL 32202	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	•
C T Corporation System	
c/o C T Corporation System	
(P.O. Box or personal mailbox NOT acceptable)	•
1200 South Pine Island Road, Plantation, Florida 33324	1
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, or the corporation has been notified in writing of the change.	
STEUEN J. NIAARKO, SECRETARY (Frinted of types failed and title)	
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 duities, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. C I Copporation System	
By: Hieder Midrah 6-13-05	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Hiedi M. Liesch Asst, Sceretary (Typed or Printed Name) (Consulty)	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF COMPURATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314