	ACCOUNT NO. :	072100000032	2002 MAR 20 AMI TALLAHASSEE, F
	REFERENCE AUTHORIZATION : COST LIMIT :	\$ 35.00	With the providence of the pro
ORDER TIME :	March 19, 2002 10:20 AM 481013-195		00005136678
CUSTOMER NO: CUSTOMER: N I		rd hent	
	<u>CHANGE OF AGE</u> FLORIDA M CORPO		RECEIVED 02 MAR 20 AN II: 20 EEPARTMENT OF STATE VISION OF CONFORATION TAILANASSEE, FLORIDA
CER	N THE FOLLOWING AS F FIFIED COPY IN STAMPED COPY	PROOF OF FILING	:

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.

1. The name of the corporation : FLORIDA "M" CORPORATION

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2. The mailing address of the corpor	ration: 3930 How	lard Hughes Par	Kway	
Las Vegas, Nev.	ada 89109	0		•
B. Date of incorporation/qualification		Document nur	nber: 🗏 2931 🂫	
-				
4. The name and address of the curr	em registered agent and	a office:	MAR	-
CT Corporation Syst	FIL HAR 20 MELARY AHASSE			
1200 South Pine Is:	land Road		FILED 20 AM SSEE, FI	
Plantation, FL 3332	24		STA LOR	
5. The name and address of the new	registered agent (if cha (P. O. BoxNot Accept	anged) and/or registered table)	مت بن office (if danged):	
Corporation Service	Company			
1201 Hays Street				
Tallahassee, FL 323	301			
The street address of its registered or gent, as changed, will be identical.				
such change was authorized by reso uthorized by the board.	lution duly adopted by	its board of directors of	or by an officer so	
(Signature of an office, chairman or y		Jan.	18,2002 (Date)	
• /			(Date)	
MARK A. CLAYTON, (Printed or typed nam	ASSISTANT SE	CETARY		
laving been named as registered age orporation, I hereby accept the appo further agree to comply with the pro erformance of my duties, and I am f egistered agent.	ent and to accept servic ointment as registered of ovisions of all statutes of amiliar with and accep	ce of process for the abo agent and agree to act to relative to the proper an of the obligation of my p	ove stated in this capacity. nd complete osition as	
orporation Service Company		3/20/00	я	
(Signature of Registered Agen	t)	(Date)	<u> </u>	
	Deborah D. Skipper Asst. V. Pres.			
(Typed or Printed Name)	<u> </u>	(Capacity)		
* *	* FILING FEE: \$35.	00 * * *		
22E045(9/00)				
DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32.	314	