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July 13, 2000

Ms. Karon Beyer, Bureau Chief Florida Department of State Division of Corporations . P.O. Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Office

Dear Ms. Beyer:

BARBARA S. BUCHANAN

900003326769--2 -07/18/00--01002--018 ****345.00 ******35.00

Enclosed for filing with your office are Statements of Change of Registered Office for each of the following entities together with our firm's check in the amount of \$945.00 to cover the filing fee of \$35.00 per Statement:

Alexander Holiday Homes, Inc.

Alpha Optical Service, Inc.

Ambulatory Surgical Center of Central Florida, Inc.

Blount, Sikes & Associates, Inc.

Cardworx, Inc.

Creative Breakfast Concepts, Inc.

The First Mexican Chamber of Commerce of Florida, Inc.

Florida Concrete Accessories, Inc.

The Gainesville Church, Inc.

The Institute for Health and Human Performance, Inc.

Inwood Consulting Engineers, Inc.

Mirza Properties, Inc.

NEI of Volusia, Inc.

NEI Practice Advisors, Inc.

OHCG Partners, Inc.

OHCG Partners, Ltd.

The Orlando Church, Inc.

Orlando Lions Youth and Community Development, Inc.

OO JUL 18 PH 1: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MELBOURNE 321-727-8100



TALLAHASSEE 850-222-771**7** 7/25

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section	1 607.0502(3), 617.0502(3), 6	507.1508(2), or 617.1508(2),	
Florida Statutes, the undersigned reg	gistered agent of a corporation	n organized under the laws of	£
the State of <u>FLORIDA</u> subm	its the following statement in	order to change the registere	:d
office in Florida.			
1. The name of the corporation:	ALPHA OPTICAL SERVI	CE, INC.	
	454894		
2. The street address of the current	registered office:		
	2 1 oE. Pine Street	·	
	Suite 1200		
	Orlando, Florida 32801	<u>\$</u>	
3. The street address of the new reg	zistered office:	D JUL 18	
	301 E. Pine Street	SEE. PH	
	Suite 1400		4
	Orlando, Florida 32801	NRIDA	
The corporation has been notified in	n writing of this change.	•	
The street address of the registered registered agent, as changed, will be		of the business office of the	
Date: 7-12-00			
1 . sB	1/	P. A. The also	
(Signature of Registered Agent)		liam A. Boyles ted or Typed Name)	_
(Signature of Nagarita and Sept)	,	- •	

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314