| Document Number Only C T Corporation Sys | tem. | 98 JUN -5 44 10:56 SEGRETARY OF STATE TALLAHASSEE, FLORIDA |
|---|--------------------------------------|--|
| Requestor's Name 660 East Jefferson Street | | 100000549571. |
| Address Tallahassee, FL 32 | 301 | 10002548571- -06/05/98010080 *****35.00 ******3 |
| City State Zip | Phone | |
| CORPORATION | ON(S) NAME | |
| | | |
| I.M.T. Ivc. | | |
| <u> </u> | | |
| | | |
| () Profit () NonProfit | () Amendment | () Merger |
| () Limited Liability Compar () Foreign | () Dissolution/Witho | drawal () Mark |
| () Limited Partnership () Reinstatement | () Annual Report () Reservation | () Other () Change of R.A. () Fictitious Name |
| () Limited Liability Partne () Certified Copy | () Photo Copies | () CUS |
| () Call When Ready (>) Walk In () Mail Out | () Call if Problem () Will Wait | () After 4:30 (*) Pick Up |
| Name Availability Document | 6/5/98 | PLEASE RETURN EXTRA COPY(S) |
| Examiner Updater | | THANKS CORPORATION 26 |
| Verifier | | 26 ATIO |
| Acknowledgment | | |
| W.P. Verifier | | 6-5-98 |
| CR2E031 (1-89) | | 6-5-98 CC |

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: I.M.T. INC. |
| 1b. Date of incorporation September 25, 1975 Document number 4852652 to |
| 2. The name and address of the current registered agent and office: |
| John D. McLeod, Jr. |
| 1/46 US HWY 441 East, Leespurg, FL 34769 |
| 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 Florida 3332 |
| 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. |
| 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: Mila Kam |
| Victor Alfano, Assistant Secretary (Registered Agent) DATE Way 30 (998 |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 |

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)