## 487966

**Document Number Only** 

CT CORPORATION SYSTE	M			
660 EAST JEFFERSON S	TREET			
Requestor's Name TALLAHASSEE, FL 32	301			
Address	222-1092			
City State Zip	Phone			
CORPORA	TION(S) NAME			
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CII S	ervice of Florida,	Ivc.		<del></del> ~
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( ) Limited Partnership ( ) Reinstatement	() Annual Rep () Reservation		() Other Change of R	
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CB3E031 (1-80)

## 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 corp	ooration is:					
CII Service o	of Florida, Inc.		· .	TAE	97	C28
1b. Date of incorporatio	n10/20/75	Document	numbe <u>r</u>	AHASS	DEC 16	
2. The name and address Lonnie McCo		ered agent and off	ice:	Y OF ST		
- 1477 Banks		33063		ROA PATE A		<del></del>
3. The name and addres (P.O. Box N	ss of the new registered lot Acceptable)  C T CORPORATION					
C/O C T CORPORATION	SYSTEM, 1200 South P	ine Island Rd.,	 Plantatio	n, Flo	rida 3	332
The street address of its of its registered agent a Such change was authorized an officer so authorized \$IGNATU	orized by resolution duly by the board.	cai.	pard of dire	ectors <i>Exec</i>	or by	-
PROCESS FOR THE A IN THIS CERTIFICATE AGENT AND AGREE T WITH THE PROVISION	D AS REGISTERED AGE BOVE STATED CORPO , I HEREBY ACCEPT TH TO ACT IN THIS CAPAC NS OF ALL STATUTES F CE OF MY DUTIES, AND MY POSITION AS REG	HE APPOINTMENT HE APPOINTMENT HTY. I FURTHER A RELATIVE TO THE DIAM FAMILIAR W	AS REGINATED TO PROPER	STERE COM AND	ED PLY COM-	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DATE 12/2/97

Ass't. (Registered

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) **FILING FEE: \$35.00**