

521484

McLEOD, McLEOD & McLEOD, P.A.

Attorneys and Counselors at Law

Post Office Drawer 950

Apopka, Florida 32704-0950

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October 8, 2001

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

RE: SEA COLT MANAGEMENT, INC.

600004634746--8

-10/12/01--01042--015

****140.00 *****35.00

Dear Sir or Madam:

Enclosed are the following original documents for filing regarding the above-named corporation, and my firm's check in the amount of \$140.00 for the following fees:

<u>Document(s)</u>	<u>Filing fee</u>
<input type="checkbox"/> Resignation of Officer and/or Director Affidavit - William E. Severs	\$ 35.00
<input type="checkbox"/> Resignation of Officer and/or Director Affidavit - June Severs	\$ 35.00
<input type="checkbox"/> Resignation of Officer and/or Director Affidavit - Eunice R. White f/k/a Eunice R. Davis	\$ 35.00
<input type="checkbox"/> Statement of Change of Registered Office or Registered Agent or both for Corporation	\$ 35.00
Total	\$140.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 12 AM 9:58

Thank you for your prompt attention to this matter.

Sincerely,

McLeod, McLeod & McLeod, P.A.


Raymond A. McLeod

Enclosures

cc William E. Severs, DDS
Victor A. Diaz, Esquire
Mario A. Garcia, Esquire

RAM/

RA chg.
V. SHEPARD OCT 18 2001

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

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: SEA COLT MANAGEMENT, INCORPORATED
2. The mailing address of the corporation: 628 North Bear Lake Road, Apopka, Florida 32703
3. Date of incorporation / qualification: December 30, 1976 Document Number: 521484
4. The name and address of the new registered agent (if changed) and/or registered office (if changed):

Carlos Martinez, DDS
628 North Bear Lake Road
Apopka, Florida 32703

5. The name and address of its registered office and the street address of the business office or 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.

William E. Severs DDS
(Signature of an officer, Chairman, or vice chairman of the board)

AUG 14 - 2001
July _____, 2001.

WILLIAM E. SEVERS DDS PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Carlos Martinez DDS 10-05-2001
(Signature of Registered Agent) (Date)