

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

565109

Villella, Inc.

400002588464--0  
-07/14/98--01056--035.00  
\*\*\*\*\*35.00\*\*\*\*\*

*\*File First\**

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- ☒ ~~RA Resignation~~ *Change*
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- \_\_\_ Cert. Copy
- ☒ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

FILED  
98 JUL 14 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
98 JUL 14 AM 11:38  
*for R.A. Change*

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

*LS* *7/14/98* *11:05*

\*\*\* FILING FEE: \$35.00 \*\*\*

**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 is: Villella, Inc.
2. The mailing address of the corporation is: c/o Trivest, Inc. 2665 South Bayshore Drive, Ste 800  
Miami, Florida 33133
3. Date of incorporation/qualification: 1/6/78 Document number: 565109
4. The name and address of the current registered agent and office:  
Thomas Villella  
4251 S. Pine Avenue  
Ocala, Florida 34480
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Peter W. Klein  
c/o Trivest, Inc.  
2665 South Bayshore Drive, Suite 800, Miami, Florida 33133

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The street address of its registered office 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.

Marilyn D. Kuffner  
(Signature of an officer, chairman or vice chairman of the board)

7/10/98  
(Date)

Marilyn D. Kuffner, Secretary

(Printed or typed name and title)

(Date)

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.

[Signature]  
(Signature of Registered Agent)

7/10/98  
(Date)

If signing on behalf of an entity;

(Typed or Printed Name)

(Capacity)