

**CORPORATE
ACCESS,
INC.**

580457

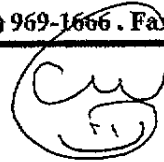
236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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12/7/00



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PA charge
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FILED
00 DEC - 7 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.) Nalle Corporation
(CORPORATE NAME & DOCUMENT #)

2.)
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3.)
(CORPORATE NAME & DOCUMENT #)

4.)
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS

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 : NALLE CORPORATION

2. The mailing address of the corporation : P.O. BOX 12511
FT. PIERCE, FL 34979-2511

3. Date of incorporation/qualification: 07/27/78 Document number: 580457

4. The name and address of the current registered agent and office:

EDWIN W. LAMMI
508 LUCERNE AVENUE
LAKE WORTH, FL 33460

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

ROY ORJALA
OFFICE BUILDING, 3119 S. INDIAN RVR. DR.
FT. PIERCE, FL 34982

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.

Kaisa Lind
(Signature of an officer, chairman or vice chairman of the board)

12-05-00
(Date)

KAISA LIND, VP
(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.

Roy Orjala
(Signature of Registered Agent)

12-05-00
(Date)

If signing on behalf of an entity:

ROY ORJALA
(Typed or Printed Name)

(Capacity)

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