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CORPORATION(S) NAME		ATTASSEE STA
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() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	 () Annual Report () Name Registration () Fictitious Name 	() Other (X) Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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.

NRT Corporation 1. The name of the corporation :

3

102 Technology Way 32333 Havana, Florida 2. The mailing address of the corporation :

3. Date of incorporation/qualification: May 23, 1980 671077 Document number:

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

Christopher Eldred

102 Technology Way

Havana, Florida 32333

5. The name and address of the new registered agent (if changed) and/or registered office (Fchanged)

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(P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

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.

DAND Hadessand	20	Jue 02
(Signature of an officer, chairman or vice chairman of the board)	(Da	nte)
David Anderson, Vice Presâdeht		
(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. C T Corporation System By: Signature of Registered Agent)

If signing on behalf of an entity:	
Hiedi M. Liesch	Asst. Secretary.
(Typed or Printed Name)	(Capacity)

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

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, ,	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	
006 - 09/17/01 C T System	Online			