677331

MARY B. STEDDO! ATTORNEYS AT LAW 1701 S.E. FORT KING STREET		1500a. • i		
Ocala, Florida 34471				
(City, State, Zip) (Pf	none #)	OFFICE USE ONLY		
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Profit	Amendment		D M 3: 50 F STATE FLORIDA	
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NonProfit	Resignation of R	.A., Officer/Director	Am o	
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NonProfit		ered Agent	Am ö	-
NonProfit Limited Liability	Change of Registr	ered Agent	DA O	
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CR2E031(9/92)

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 ofFlorida
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: STEDDOM & PLAYER, P.A.
2. The mailing address of the corporation: 628 S.E. 17th Street
Ocala, Florida 34471
3. Date of incorporation/qualification: 6/30/1980 Document number: 677331
4. The name and address of the current registered agent and office:
Mary B. Steddom
1701 S.E. Fort King Street
Ocala, Florida 34471
4. The name and address of the current registered agent and office: Mary B. Steddom 1701 S.E. Fort King Street Ocala, Florida 34471 5. The name and address of the new registered agent (if changed) and/or registered office (if changed). (P. O. Box Not Acceptable)
Shari K. Player
628 S.E. 17th Street
Ocala, Florida 34471
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.
Many B Stide on 9/26/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
Mary B. Steddom, 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.
(Signature of Registered Agent) (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)