697160

511 Washington Street Jacksonville, FL 32202-2776		
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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3,17,103

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, this statement of change is submitted for a corporation organized under the laws of the State of

_____ in order to change its registered office or registered agent, or both, in the State Florida

of Florida. 1. The name of the corporation: Warecraft Price, Inc.	
2. The principal office address: 511 Washington Struct	TAS 5
Jacksonville, Florida 32202	SERUE
3. The mailing address (if different):	FLS I
	RITE

- 4. Date of incorporation/qualification: <u>3.3.1981</u> Document number: <u>69711.0</u>
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Frank E. Miller 200 W. Forsyth St., Stc. 1400 Jacksonville, Florida 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kichard Kman 4 hams Inames. P. Stc. 600 Jacksonville, FL 52202

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, or the porporation has been notified in writing of the change.

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 or, if this document is being filed merely to reflect a change in the registered office address, Thereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

If signing on behalf of an entity: tutsman 4 hames (Typed or Printed Name)

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

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314