THE UNITED STATES CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 636130 81195A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: March 23, 2000

ORDER TIME: 12:04 PM

ORDER NO. : 636130

CUSTOMER NO: 81195A

CUSTOMER: Denise J. Bleau, Esq

Schmidt & Pheterson

Suite 420

400 South Dixie Highway

Boca Raton, FL 33432

CHANGE OF AGENT

NAME: FIRST WELLINGTON, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

300003181963--1 -03/23/00--01079--018

*****35.00 *****35.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

_	provisions of sections 60°.0502, 61 poration organized under the laws			
•	wing statement in order to change i	• • • • • • • • • • • • • • • • • • • •		
State of Florida.				-
1. The name of t	he corporation is: FIRST WELLT	NGTON, INC.		
2. The mailing a	ddress of the corporation is: 1157	6 PIERSON ROAD	, K−5	
	WELL	INGTON, FLORID	<u>A 33414</u>	
3. Date of incorp	poration/qualification: 5/4/72	Docum	nent number:	
4. The name and	address of the current registered ag	gent and office:		
_	Denise J. Bleau, Esqu	ire		
_	400 South Dixie Hwy.,	Ste. 420		
•	Boca Raton, Florida			SE O
5. The name and	address of the new registered agent	and office: (P. O.	Box Not Acc	eptable)
	Elaine M. Gatos, Esqu	ire		
<u>-</u>	1499 West Palmetto Pa	rk Road, Suite	210	
_	Boca Raton, Florida	33486		FLOR S:
The street addre	ss of its registered office and the sed, will be identical.	street address of th	e business of	fice of is registered
Such change wa	s authorized by resolution duly ad e board.	lopted by its board	l of directors	or by an officer so
X No da	De Bittar) Pain	den D	~ Q ·	2-07
(Signature o	of an officer, chairman or vice chairman of the	he board)		(Date)
	(Printed or typed name and title)			(Date)
corporation, I he I fürther agree te	med as registered agent and to accereby accept the appointment as representations of all my duties, and I am familiar with	egistered agent an Il statutes relative i	id agree to ac to the proper	ct in this capacity. and complete y position as
(Si	gnature of Registered Agent)	~~~~.	(Date)	,
If signing on behalf	f of an entity:			
(T	yped or Printed Name)		(Capacity	y)