

Aug-16-07 03:18pm

From: WILLIAMS LAW FIRM PA

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
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REGISTERED AGENT CHANGE

GRIGSBY & ASSOCIATES, INC.

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**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 of Florida.

1. The name of the corporation: GRIGSBY & ASSOCIATES, INC.
2. The principal office address: 311 California Street, Suite 320, San Francisco, CA 94104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/3/1983 Document number: 856319
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Calvin Grigsby

1420 S. Bayshore Drive, #303

Miami, FL 33131

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

Agents and Corporations, Inc.

300 Fifth Avenue South, Suite 101-330

(P.O. Box NOT acceptable)

Naples, FL 34102

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 corporation has been notified in writing of the change.

Calvin Grigsby
(Signature of an officer or director)

CALVIN GRIGSBY, PRES.
(Printed or typed name and title)

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, I hereby confirm that the
corporation has been notified in writing of this change.

David N. Williams
(Signature of Registered Agent)

8/16/07
(Date)

If signing on behalf of an entity:

David N. Williams

(Typed or Printed Name)

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

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