

Document Number Only

A23305

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

4000002035874--9
-12/23/96--01015--017
*****35.00 *****35.00

OPS of Altamonte, Ltd.

- ☐ Profit ☐ Amendment ☐ Merger
☐ NonProfit ☐ Limited Liability Co. ☐ Mark
☐ Foreign ☐ Dissolution/Withdrawal ☐ Other
☐ Limited Partnership ☐ Annual Report ☒ Change of R.A.
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

12/23
RA Change
12/23/96
DC

Florida Department of State, Jim Smith, Secretary of State

**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.

1a. The name of the corporation is: O.P.S. of Altamonte, Ltd.

1b. Date of incorporation 9-25-86 Document number A23305

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

Hold, Robert P, 1230 E. Hillcrest Street, Suite 104

Orlando, FL 32803

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent 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.

SIGNATURE [Signature]

DATE 10-29-96

PETER THYSEN, Agent
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, 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 COM-
PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: [Signature]

DATE 12/12/96

PETER F. SOUZA
(Registered Agent) ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314