



# A 29550

ACCOUNT NO. : 072100000032

REFERENCE : 391846 10911A

AUTHORIZATION : *Fatucan Project*

COST LIMIT : \$ 35.00

ORDER DATE : May 14, 1997

ORDER TIME : 3:40 PM

ORDER NO. : 391846

CUSTOMER NO: 10911A

900002179299--0

CUSTOMER: Ms. Starr A. Ingle  
Ansbacher & Schneider, P.a.  
Suite 100  
4215 Southpoint Boulevard  
Jacksonville, FL 32216

CHANGE OF AGENT

NAME: KINCO, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Warren Whittaker

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

97 MAY 15 PM 12:25

97 MAY 15 AM 9:54

*OK.  
Per  
S.P.*

*Jon  
R.A.  
Change*

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership 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.

1. Kinco, Ltd.  
Name of the limited partnership

2. 01/23/90 Date of filing/registration in Florida      3. A29550 Document number assigned

4. The name and address of the present registered agent and office:

CT Corporation  
1200 S. Pine Island Road  
Plantation, Florida 33324

97 MAY 15 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5. The name and street address of the successor registered agent and office: (P.O. Box ~~not~~ acceptable)

Lewis Ansbacher  
Ansbacher & Schneider, P.A.  
4215 Southpoint Blvd., Suite 100  
Jacksonville, Florida 32216

Such change was authorized by the general partners.

Kinco, Inc. a Florida corporation

By: *B. F. King* Signature of General Partner      5/12/97 Date

*Having been named as registered agent and to accept service of process for the above stated limited partnership 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

*[Signature]* Registered Agent signature      5/12/97 Date

Filing Fee: \$35.00

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