F55076

:		
(Re	equestor's Name)	
	. <u></u>	
(Ac	ldress)	
	dress)	
(Ac	aress)	
(Ci	y/State/Zip/Phone	#)
(.)	,
PICK-UP		MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
		·
Special Instructions to	Filing Officer:	
	Office Use Only	1



FILED 03 DEC 16 PH 2: 39 SECRETARY OF STATE TALLAHASSEE, FI MUTT

RECEIVED 03 DEC 16 PH 1:01 DIVISION OF CURPORATION

G. Oeulliette DFC 1 6 9003

		•		• '						シーシー		3												
8 8	R	P	•	l Á	T	f	0	N	3	¢	E	R	V	1	C	E	C	Q	M	P	Ņ	ñ	۲·	•

.

. . .

		ACCOUNT NO.	:	0721000	0003	32		
		REFERENCE	:	356282		7390234		
		AUTHORIZATION	:	Peta	م مردمات	Pit		
		COST LIMIT	:	\$ 35.00		L'égets	··	
-		· · · · · · · · · · · · · · · · · · ·						
ORDER DATE	:	December 11, 20	03					
ORDER TIME	:	10:30 AM						
ORDER NO.	:	356282-290					a.	
CUSTOMER NO	0:	7390234						
CUSTOMER:	Alc Sui 222	Laurel J. Lang derwoods Group, te 1100 25 Sheppard Ave 1 ronto, ON M2J5C	Inc. East			;-		 •
		<u></u>			- - <u>-</u> -	^		

CHANGE OF AGENT

NAME: SECURITY TRUST PLANS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED COPY		
<u>XX</u>	PLAIN STAMPED COPY	, . .	

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

· ···· ·

EXAMINER:

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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SECURITY TRUST PLANS, INC.

2. The principal office address: 2101 NW 33rd Street, Pompano Beach, FL 33609

3. The mailing address (if different):___

2225 Sheppard Ave. East, Suite 110, Toronto, ON CA M2J-5C2

- 4. Date of incorporation/qualification: November 17, 1981 Document number: F55076
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: \overrightarrow{P}

CT Corporation System_____

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

(Signature of an officer, chairman or vice chairman of the board)

(Typed or Printed Name)

Laurel J. Langford, Secretary (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.

narris (Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Cynthia L. Harris as its agent

(Capacity)

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

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