

Jun. 7. 2006 2:11PM
DIVISION OF CORPORATIONS

FORD BOWLUS

No. 7907 PaP. 1 of 1

755530

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : FORD, JETER & BOWLUS, P.A.
Account Number : 075350000442
Phone : (904)268-7227
Fax Number : (904)262-3337

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SECRETARY OF STATE
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REGISTERED AGENT CHANGE

BRANCON, INC.

Certificate of Status	0
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DIVISION OF CORPORATIONS

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

1. The name of the corporation: Brancon, Inc.
2. The principal office address: 4842 Deermoss Way, North, Jacksonville, Florida 32217
3. The mailing address (if different): _____
4. Date of incorporation/qualification: November 20, 1981 Document number: F55530
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William H. Jeter, Jr.

10110 San Jose Blvd

Jacksonville, Florida 32257

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

Ford, Bowlus, Duss, Morgan, Kenney, Safer & Hampton, P.A.

10110 San Jose Blvd

(P.O. Box NOT acceptable)

Jacksonville, Florida 32257

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

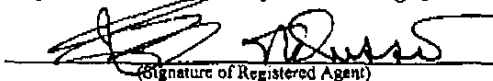
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Paul W. Brandenburger, President

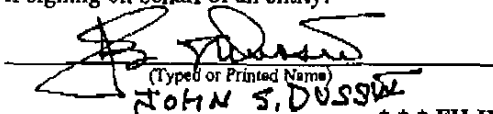
(Printed or typed name and title)

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.


(Signature of Registered Agent)

6.5.06
(Date)

If signing on behalf of an entity:


(Typed or Printed Name)
JOHN S. DUSS

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

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

CR2E045 (8/05)

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