F86050

| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
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| (Duning Full Many) | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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SECRETARY OF SEA

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | S |
|--|---|
| | unication, Inc. |
| | (Name of Corporation) |
| DOCUMENT NUMBER: | |
| The enclosed Statement of Char for filing. Please return all corr | nge of Registered Office/Agent and fee are submitted respondence concerning this matter to the following: |
| Michelle Rowbottom (Name of person) | |
| Raymond James Financial, Inc. (Name of firm/company) | - Legal Department |
| P. O. Box 12749 (Address) | |
| St. Petersburg, FL 33733-2749 (City/state and zip code) | |
| For further information concern | ning this matter, please call: |
| Michelle Rowbottom (Name of person) | at (727) 567-5189 (Area code & daytime telephone number) |
| Enclosed is a \$35.00 check made | de payable to the Department of State. |
| Mailing Address: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

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: | RJ Communication, Inc. | |
|---------------|--|--|--|
| 2. | The principal office address: | 880 Carillon Parkway, P. O. Box 12749 | |
| | St. Petersburg, FL 33733-2749 | | |
| 3. | The mailing address (if different): | | |
| | | - Au C | |
| 4. | Date of incorporation/qualification | n: 06/21/1982 Document number: F86050 N | |
| 5. | | | |
| | file with the Florida Department o | f State: | |
| | Lynn Pippenger | <u> </u> | |
| | 880 Carillon Parkway | | |
| | St. Petersburg, FL 33716 | mo p | |
| 6. | The name and street address of the | e new registered agent (if changed and/or registered | |
| | office (if changed): | | |
| | | | |
| | 880 Carillon Parkway | | |
| | St. Petersburg, FL 33716 | | |
| | | | |
| The street | t address of its registered office and t | he street address of the business office of its | |
| registered | l agent, as changed will be identical. | | |
| _ | | | |
| Such char | nge was authorized by resolution duly | y adopted by its board of directors or by an officer | |
| | | has been notified in wiring of the change. | |
| | | | |
| Bonn | n Kusamen | Lynn Pippenger, Secretary | |
| (Signature of | an officer, chairman or vice chairman of the board | i) (Printed or typed name and title) | |
| | | | |
| I hereby o | accept the appointment as registered | agent and agree to act in this capacity. I further | |
| agree to c | comply with the provisions of all state | utes relative to the proper and complete | |
| | | rith and accept the obligation of my position as | |
| | | filed merely to reflect a change in the registered | |
| office ada | lress, I hereby confirm that the corpo | ration has been notified in writing of this change. | |
| | _ | 9/12/02 | |
| | | | |
| (Signatur | e of Registered Agent) | (Date) | |
| | | | |
| If signing | on behalf of an entity: | | |
| | - | | |
| Paul I | . Matecki | | |
| (Typed or | r Printed Name) | (Capacity) | |