

# F86060

Requester's Name  
 924 N. Magnolia Ave, Suite 114  
 Address  
 Orlando, Fla 32803  
 City/State/Zip Phone #

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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 -05/22/02--01046--013  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

- Walk in     Pick up time     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

### NEW FILINGS

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

### AMENDMENTS

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

### OTHER FILINGS

- Annual Report  
 Fictitious Name

### REGISTRATION/QUALIFICATION

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

02 MAY 22 PM 2:34  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Spoke w/ William Roberts  
 Authorized to put (L) in  
 new Agent Name 5/28/02 (10)

RA/RO Change  
 Examiner's Initials 5/28/02

**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.

1. The name of the corporation : WILLIAM H. ROBERTS, P.A.

2. The mailing address of the corporation : 924 N. MAGNOLIA AVE SUITE 114  
ORLANDO FLORIDA 32803

3. Date of incorporation/qualification: 6/21/1982 Document number: F86060

4. The name and address of the current registered agent and office:  
WILLIAM H. ROBERTS  
924 N. MAGNOLIA AVE STE 114  
ORLANDO FL 32803

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)  
MR. RODNEY EDDINS CPA P.A.  
2466 E. MICHIGAN ST  
ORLANDO FL 32806

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.

William H. Roberts  
(Signature of an officer, chairman or vice chairman of the board)

5/15/2002  
(Date)

WILLIAM H. ROBERTS, PRESIDENT & CHAIRMAN  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Rodney Eddins  
(Signature of Registered Agent)

5/20/02  
(Date)

If signing on behalf of an entity:  
RODNEY EDDINS  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

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

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