Document Number Only CT Corporation System Requestor's Name 660 East **J**efferson Street 302731225 01/06/49-81001-026 ******35.092 *****35.00 Address Tallahassee, FL 32310 222-1092 City Zip Phone State CORPORATION(S) NAME () Profit () NonProfit () Amendment () Merger () Foreign () Dissolution/Withdrawal () Limited Limbility Company () Limited Partnership () Annual Report () Other: () Reinstatement ()Name Registration Change of R. ()UCC-1 Financing Statement() UCC-3 Filing ()Fictitious Name () Certified Copy () Photo Copies () CUS這位 () Call When Ready XX Call if Problem () After 430 (x) Walk In () Will Wait Pick U
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CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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 Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is:
1b. Date of incorporation 1-13-93 Document number F93000000265
2. The name and address of the current registered agent and office: NRAI Services, Inc.
525 E. Park Avenue, Tallahassee, FL 32301
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 3332
The street address of its registered agent 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. Angela L. Jones, Assistant Secretary (Type or printed name and title)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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. C. T. GORPORATION SYSTEM SIGNATURE BY: DATE 1/23/98 Division of Corporations B.O. B. 2005.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)