Document Number Only 4526 CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 Tallahassee, FL 222-1092 Zip Phone State City 700002302217--4 -09/24/97--01062--017 \*\*\*\*\*35.00 \*\*\*\*\*35.00 **CORPORATION(S) NAME** AGP Dynin to Coop () Merger () Profit () Amendment () NonProfit ( ) Limited Liability Co. () Mark () Dissolution/Withdrawal () Foreign ) Other UCC Filing () Annual Report () Limited Partnership Change of R.A. () Reservation () Reinstatement )Fic. Name () CUS () Photo Copies () Certified Copy ( ) After 4:30 () Call if Problem () Call When Ready Pick Up Waik In () Mail Out Name PLEASE RETURN EXTRA COPIES Availability FILE STAMPED Document RECEIVED

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NOWISIGH OF CORPORATION. Examiner 9 24 57 THANKS, MELANIE 🕲 Updater Verifier Acknowledgment W.F. Verifier

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 Florida Statutes, the undersign belaware submits the for registered agent, or both, i	ned corporation or ollowing statement	ganized under the laws o in order to change its re	of the State of
1a. The name of the corporat	ion is: <u>AGP Acq</u>	uisition Corp.	
1b. Date of incorporation	9/28/93	Document number	er
2. The name and address of			97 SI SECF TALLI
Prentice Hall Corp.  Tallahassee. Fl 323	01		7 SEP 24
3. The name and address of (P.O. Box Not Address)	the new registered cceptable) C T CORPORATION		PH 3: 1
c/o C T CORPORATION SYST	EM, 1200 South P	ine Island Rd., Planta	tion, Florida 3332
The street address of its region of its registered agent as charge was authorized an officer so authorized by the SIGNATURE  DATE	anged will be idention duly ne board.	cal.	directors or by
HAVING BEEN NAMED AS PROCESS FOR THE ABOVE IN THIS CERTIFICATE, I HE AGENT AND AGREE TO ACT WITH THE PROVISIONS OF PLETE PERFORMANCE OF THE OBLIGATION OF MY P	E STATED CORPORE STATED ACCEPT THE STATUTES REMAINDERS AND SOUTH OF THE STATUTES REGISTED AS REGISTED	RATION AT THE PLACE E APPOINTMENT AS RE TY. I FURTHER AGREE ELATIVE TO THE PROPI I AM FAMILIAR WITH AN STERED AGENT.  C T CORFORA	DESIGNATED EGISTERED TO COMPLY ER AND COM-
	SIGNATU DATE	(Registered A	Dwight of Cords
Division of Corpora	ations, P.O. Bo	6327, Tallahassee,	FL 32314

**FILING FEE: \$35.00** 

CR2E045 (7-91) (FLA. - 2194 - 3/4/92)