

F93000005394

Florida Department of State
Division of Corporations
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FILED**REGISTERED AGENT CHANGE****ATHCO, INC.**

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

1. The name of the corporation: ATHCO, INC.
2. The principal office address: 1009 Tallevast Rd., Sarasota, FL 34243
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/29/1993 Document number: F93000005394
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David Berger

c/o Athco, Inc., 1009 Tallevast Rd.

Sarasota, FL 34243

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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 or the board of the corporation has been notified in writing of the change.

Des. and Director Stuart Goldman, President and Director
(Signature of an officer or director) (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.

C T Corporation System

By: _____

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (3/05)

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