Decument Number Only 400003913

CT CORPORATION SYSTEM	W		01	
660 EAST JEFFERSON STREET Requestor's Name		_		
TALLAHASSEE, FL 32301		_		
Address 222-1092		00	2 <b>0002615</b> 33 -08/13/98010	304
City State Zip	Phone		-U8/13/38U1U: *****35.00 **	/9U23 ****35.00
CORPORATION(S	S) NAME	٠		
Argosy Partners,	Inc.			
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() Profit () NonProfit () Limited Liability Co.	() Amenda	nent	PH 3: 08  OF STATE  OF STATE  ()	
() Foreign	() Dissolut	ion/Withdrawal	() Mark	
( ) Limited Partnership ( ) Reinstatement		Report egistration tious Name	() Other Change of R.A	<u> </u>
() Certified Copy	() Photo C	opies	() CUS	
() Call When Ready Walk In () Mail Out	() Call if Pr () Will Wait		() After 4:30 Pick Up	<del>-</del> 
Name Availability  Document Examiner  Updater  Verifier  Acknowledgment  W.P. Verifier	AUG 1 3 199	8	98 AUG 13 PH 2: 16 DIVISION OF CORPORATION Thanks Jeff	RECEIVED

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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, or
a. The name of the corporation is: Argosy Partners, Inc.
Document number F94000003913
The name and address of the current registered agent and office:
nna M. Dirocco
781 Park Center Drive, Orlando, FL 32835
The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
O C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florada 33324
the street address of its registered agent and the street address of the business office its registered agent as changed will be identical.  The provided by the board.  Developed W. Chambers, Vice President (Type or printed name and title)  DATE
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 CORPORATION SYSTEM SIGNATURE BY:  Shoan Morales (Registered Agent)  C. Morales Special Asst. Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
R2E045 (7-91) Filing Fee: \$35.00

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