## F95000003200

CT CORPORATION SYSTEM	··	
660 EAST JEFFERSON STREET		
Requestor's Name TALLAHASSEE, FL 32301		
Address		300002610773 7 -08/07/9801055021
	-1092	-U8/U7/98U1855U21 *****35.00 *****35.00
City State Zip	Phone	
CORPORATION	(S) NAME	*
Restor - AIT		
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( ) Limited Liability Co.	() Amortament	() Mergetin
() Foreign	() Dissolution/Withd	irawal () Mark
) Limited Partnership	() Annual Report	() Other
) Reinstatement	() Name Registra	tion Dichange of R.A.
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) Certified Copy	() Photo Copies	() CUS
) Call When Ready	() Call if Problem	() After 4:30
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) Mail Out		Thanks Jeff CURPORATION
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CR2E031 (1-89)		<b>V</b> C

## 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, 617.09 Florida Statutes, the undersigned corporation organized Delaware submits the following statement in orders.	I under the laws of the	e State of
or registered agent, or both, in the State of Florida.		
1a. The name of the corporation is: Restor-AIT, Inc.	•	
1b. Date of incorporation July 3, 1995[	Document number <u>F95</u>	000003200
2. The name and address of the current registered age	ent and office:	<b>98</b> 7
William H. Cauthen, Cauthen & Feldman, P.A.		IN CO
215 North Joanna Ave., Tavares, FL 32778		SS 1
3. The name and address of the new registered agent (P.O. Box Not Acceptable)  C T CORPORATION SYS		PN 1: 09 OF STATE
c/o C T_CORPORATION SYSTEM, 1200 South Pine Islan	d Rd., Plantation F	و <u>ال</u> orida 3332
The street address of its registered agent and the stree of its registered agent as changed will be identical.	t address of the busin	less office
Such change was authorized by resolution duly adopted an officer so authorized by the board.	by its board of direct	ors or by
Mark A. Ge	ergel, Executive Vice Financial Officer	President
SIGNATURE (Type o	r printed name and tit	le)
DATE		
HAVING BEEN NAMED AS REGISTERED AGENT AND PROCESS FOR THE ABOVE STATED CORPORATION IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOAGENT AND AGREE TO ACT IN THIS CAPACITY. I FUNITH THE PROVISIONS OF ALL STATUTES RELATIVE PLETE PERFORMANCE OF MY DUTIES, AND I AM FATHE OBLIGATION OF MY POSITION AS REGISTERED	N AT THE PLACE DES DINTMENT AS REGIS JRTHER AGREE TO C TE TO THE PROPER A MILIAR WITH AND AC D AGENT.	SIGNATED TERED COMPLY AND COM-
SIGNATURE BY W	corporation system Ory Radian	<i>\$2</i>
MARY R. ADAMS Mary Adams, Assistant Secretar ASSISTANT SECRETARY DATE	TY (Megistered Agent)	8.4.98
Division of Corporations, P.O. Box 6327,	Tallahassee, FL	32314

Filing Fee: \$35.00

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

CR2E045 (7-91)