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| T CORPORATION SYSTEM | - | |
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| 660 Fast Jefferson Street | | |
| equestor's Name Tallahassee, Florida 32301 | | |
| ddress (850) 222-1092 | | 1000030015217 |
| ity State Zip | Phone | -09/30/9901055001 *****35.00 *****35.00 |
| CORPORATION | ON(S) NAME | August 1 to 1 |
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| () Limited Liability Comp | eny () Dissolu | ion/Withdrawal () Mark |
| () Foreign | () Annual | Report () Other |
| () Limited Partnership () Reinstatement | () Fict. | |
| () Limited Liability Part () Certified Copy | nership () Photo | |
| () Call When Ready Walk In | () Call if F () Will Wa | roblem () After 4:30 it Pick Up |
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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, o | ATT |
|---|---|
| the undersigned corporation organized under the laws of the State off- submits the following statement in order to change its registered office of | |
| the State of Florida. 1. The name of the corporation is: 500THW00D MANAGE | MENT GROUP, INC. |
| 2. The mailing address of the corporation is: 1400 NW 107 A MIAMI, FL 33 | • |
| 3. Date of incorporation/qualification: 10/05/95 Document | · · · · · · · · · · · · · · · · · · · |
| 4. The name and address of the current registered agent and office: | |
| HOWARD W. KURZWEIL 328 MINORCA AVENUE CORAL GABLES, FL 33134 5. The name and address of the new registered agent and office: (P. O. Box CT CORPORATION 1200 5. PINE ISLAND ROAD PLANTATION; FL 33324 The street address of its registered office and the street address of the burgent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of dauthorized by the board. (Signature of an officer, chairman or vice chairman of the board) | siness office of its registered |
| PATRICIA L RHODES, PRESIDENT (Printed or typed name and title) Having been named as registered agent and to accept service of process corporation, I hereby accept the appointment as registered agent and ag I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with and accept the obligation of the performance of my duties, and I am familiar with an accept the obligation of the performance of my duties, and I am familiar with an accept the obligation of the performance of my duties. | ree to act in this capacity. e proper and complete |
| If signing on behalf of an entity: VICKY GOLDSTEIN | 3. % . |
| (Typed or Printed Name) (Typed or Printed Name) | (Capacity) |
| * * * FILING FEE: \$35.00 * * * | |

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(7/97)

DIVISION OF CORPORATIONS