

VIA U.S. MAIL

October 29, 1997



Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee FL 32314

RE: Corico Office Procedures, Inc.

300002336283--0 -11/03/97--01093--009 ******35.00 ******35.00

Dear Sir/Madam:

Enclosed for filing, please find the appropriate document required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of \$35.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Ana M. Escobar

Paralegal

Enclosures

Mooning

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, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of State of State State of State	
or registered agent, or both, in the State Florida	
1a. The name of the corporation is: Corico Office Professionals,	Inc.
1b. Date of incorporation: October 7, 1996	Document number F96000005365
2. The name and address of the current register	ered agent and office:
1200 South Pine Island, Plantation, Fl 33324	
3. The name and address of the new registered (P.O. Box Not Acceptable)	agent and office:
NRAI Services, Inc.	7 <u>8</u> 37
526 East Park Avenue, Tallahassee, Florida 32301	CRET
of its registered agent as changed will be identiced. Such change was authorized by resolution duly an officer so authorized by the board.	37.4T 37.4T 37.4T
	N. Fisher, Secretary
October /O , 1997 DATE	Typed or printed name and title
HAVING BEEN NAMED AS REGISTERED AGENT PROCESS FOR THE ABOVE STATED CORPORA IN THIS CERTIFICATE, I HEREBY ACCEPT THE AGENT AND AGREE TO ACT IN THIS CAPACIT WITH THE PROVISIONS OF ALL STATUTES RE PLETE PERFORMANCE OF MY DUTIES, AND I THE OBLIGATION OF MY POSITION AS REGIST NRAI SE SIGNATION DATE	ATION AT THE PLACE DESIGNATED APPOINTMENT AS REGISTERED TY. I FURTHER AGREE TO COMPLY ELATIVE TO THE PROPER AND COM- AM FAMILIAR WITH AND ACCEPT TERED AGENT. TVICES, INC.

CR2E045 (7-91)

FILING FEE: \$35.00