CORPORATE ACCESS,

236 East 6th Avenue . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

CERTIFIED COPY CUS РНОТО СОРУ (CORPORATE NAME & DOCUMENT #) SPECIAL INSTRUCTIONS

33 EED SS VII 3: 5th

Florida Department of State, Sandra B. Mortham, 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 617.150 undersigned corporation organized under the laws of the State of <u>CALIFORNI</u> .	8, \overline{F} lorida Statutes, the
submits the following statement in order to change its registered office or registered	ed agent or both in the
State of Florida.	
1. The name of the corporation is: INTER-CON UPSP SERVICES CORPOR	atīon
2. The mailing address of the corporation is: 900 S GARFIELD AVE, ALHAI	MBRA, CA 91801
3. Date of incorporation/qualification: 11/5/96 Document number:	F96000005745
4. The name and address of the current registered agent and office:	7 S
NATIONSCORP REGISTERED AGENTS INC	雪雪雪雨
526 E. PARK AVENUE	電影
TALLAHASSEE, FL 32301	
5. The name and address of the new registered agent and office: (P. O. Box Not Acc	eptable)
PARACORP INCORPORATED	
236 EAST 6TH AVENUE	
TALLAHASSEE, FL 32303	
The street address of its registered office and the street address of the business of agent, as changed, will be identical.	fice of its registered
Such change was authorized by resolution duly adopted by its board of directors authorized by the board.	or by an officer so
	-15-98
(Signature of an officer, chairman or vice chairman of the board)	(Date)=
Neil Martau, Vice President	-15-98
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept service of process for the corporation, I hereby accept the appointment as registered agent and agree to a I further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of m registered agent.	above stated ct in this capacity. and complete y position as
(Signature of Registered Agent) (Da	10/8/9P
DENISE ZOLLNER, ASSISTANT SECRETARY If signing on behalf of an entity:	· 立 -
(Typed or Printed Name) (Capacit	<u>(1)</u>
CR2E045(4/95)	J' =

FILING FEE: \$35.00