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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE DIGIORGIO ASSOCIATES INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ler to change its registered office or regist	nized under the laws of the State of Mass	achusetts		
1. The name of	the corporation: DIGIORGIO ASSOC	CATES INC.			
2. The principa					
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: 02/24/1997	Document number: F970000009	74		
	ed street address of the current registered a artment of State:	igent and registered office on file with the	•		
•	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324		ومراع أحظ	_	
6. The name an (if changed):	d street address of the new registered age	nt (if changed) and /or registered office)9 DEC	x:
	Corporation Service Company		S	$\frac{\omega}{2}$	
	1201 Hays Street (P.O. Box NOT acceptable))		AM :	100
	Tallahassee, FL 32301		7	: 06	
The street addr	ress of its registered office and the street il be identical.	address of the business office of its regi	istered age	nt,	
Such change wanthorized by	vas authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an office of the change.	er so		
Slenne	tute of ad officer or effector)	Blanca Lozada, Attorney in Fact			
I hereby accep I further agree of my duties, a document is be corporation ha Corporati	t the appointment as registered agent an to comply with the provisions of all stat and I am familiar with and accept the oblining filed merely to reflect a change in this been notified in writing of this change ion Service Company		e performa thi. Or, if i ofirm that i	nce his the	
If signing on b	ehalf of an entity:	·			
	E. Kirby, Asst. V.P. (Typed or Printed Name)				
,	* * * FILING FE	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)