## Strationaphic Manage ment loc 800 Daylas Ed Sub 350 0 0 0 Coral Fables, FL 33134

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Photocopy Certificate of Status Mail out ☐ Will wait

NEW FILINGS	AMENDMENTS.
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
	Profit NonProfit Limited Liability Domestication

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Office Use Only

OTHER FILINGS:

Annual Report

Fictitious Name

Name Reservation

Foreign
Limited Partnership
Reinstatement
Trademark
Other

APPROVED

PAUS 15 PH 1: 05

SECRETARY OF STATE

ALLANSSEE, FLORIDA

APPROVED

ALLANSSEE, FLORIDA

Examiner's Initials

## 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 connection submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: 1b. Date of incorporation March 9, 1981 Document number F4500003166 The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer/so authorized by the board. HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

**FILING FEE: \$35.00**