

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1.	Clayton Ma	<u></u> tion Nar	nal, Inc. F	<u>(Document #)</u>		- · · ·
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NEW FILINGS			AMENDMENTS		0;SL	-
Pr	ofit		Amendment		98 MAR 24 PH 3: 43 DIVISION OF CORFORATION	
NonProfit			Resignation of R.A., Officer/Director	C0,		
Lir	mited Liability	X	Change of Registered Agent		PH :	**************************************
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Ot	ther		Merger		NO 3	
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	OTHER FILINGS		REGISTRATION/ QUALIFICATION			
Ai	nnual Report		Foreign			
Fi	itious Name		Limited Partnership 3-25-98		- 48	
N	ame Reservation		Reinstatement			
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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 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Delawaro</u> 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: <u>Clayton National</u>. Inc.

1b. The mailing address of the corporation is : 2 Enterprise Drive, 06484 Shelton, CT Document number: 950256895 1c. Date of incorporation: 11/06/95 The name and address of the current registered agent and office: 2. CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) Paralegal & Attorney Services, Bureau, Inc. 1406 Hays Street, Suite 2 Tallahassee, FL 32301 The street address of its registered office and the street address of the business office of its registered egent, 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. 2ð 1998 Februarv (Signature of an officer, chairman or vice chairman of the board) Stephen M. Lamando, <u>Presiden</u>t (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, Thereby accept the appointmentas 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Date) Signature of Registered Agenti If signing on befailf of an ontity: hleen ۵.

(Typed or Printed Name)

(Capacity)

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

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