F97000005093



ACCOUNT NO. : 072100000032

REFERENCE: 337759

AUTHORIZATION

am

COST LIMIT : \$ 35.00

ORDER DATE: August 11, 1999

ORDER TIME : 1:58 PM

ORDER NO. : 337759-055

200002958672--2

CUSTOMER NO: 12000A

CUSTOMER: Renee Ann Winslow, Legal Asst

Shapiro & Adams, P.A.

Suite 272

2401 PGA Boulevard

Palm Beach Gard, FL 33410

CHANGE OF AGENT

NAME: HOME QUALITY MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Turner

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 Tennessee
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is:
2. The mailing address of the corporation is: Suite 155, 2401 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410
3. Date of incorporation/qualification: September 30, 1997 Document number: F97000005093
4. The name and address of the current registered agent and office:
ROBERT L. SHAPIRO
272, 2401 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
The street address of its registered office 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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
, Elizabeth N. Fago CEO (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
By: Offe of the Skipper . 8-11-99
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
DEBORAH D. SKIPPER Assistant Vice President (Typed or Printed Name) (Capacity)
(Typed of Frinted Name)

*** FILING FEE: \$35.00 ***