## REFERENCE: (Sub Account) DATE: Document Services Lexis REQUESTOR HAND: ADDRESS: TELEPHONE: <u>) axt (</u> CONTACT HAME: CORPORATION NAME: DOCUMENT NUMBER: (if applicable) CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) 35.00 PLAIN STAMPED COPY call When Roady ) Call if Problem After 4:30 Wailk I底 ) Hill Halt Pick Up

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## 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 Nevada	
submits the following statement in order to change its registered office or registered agent, or both, in	2.5
ine state of Ftortaa.	
1. The name of the corporation is: FLORIDA-LTC, INC.	., ·
	• •
2. The mailing address of the corporation is: 300 Esplanade Dr., #1860 Oxnard, CA 93030	
3. Date of incorporation/qualification: January 30, 1998 Document number: F9800000576	
4. The name and address of the current registered agent and office:	
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301-2525	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	÷
Lexis Document Services, Inc.	
3953 W.W. Kelley Road	
Tallahassee, FL 32311	
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	
(Signature of an officer, chairman or vice chairman of the board)	
General Counsel and Corporate (Date)	# <b>*</b>
JULIA KOPTA Secretary  (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	
(Signature of Registered Agent)  (Signature of Registered Agent)	
If signing on behalf of an entity:  (Date)	
(Typed or Printed Name)  (Typed or Printed Name)	
(Capatity)	
* * * FII INC DEE. 525 00 5 4 4	

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

CR2E045(7/97)