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Requestor's Name		Red of	
660 East Jefferson St	reet	D'	
Address			
Tallahassee, FL 32301		.	
City State Zip	Phone	9000030152194	
CORPORATION(S) NAME		*****35.00 *****35.00	
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Plangraphics, Inc		-	
) Profit		-	
) NonProfit	() Amendment	() Merger	
) Foreign	() Dissolution/W	/ithdrawal () Mark	
) Limited Partnership	() Annual Repor	t () Other UCC Filing	
) Reinstatement	() Reservation	Change of R.A.	
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CR2E031 (1-89)

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 Maryland 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: Plangraphics, Inc.			
1b. Date of incorporation March 13, 1979 Document number			
2. The name and address of the current registered agent and office:			
13119 Professional Drive, Suite 200, Jacksonville, FL 32225			
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM			
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324			
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.			
SIGNATURE (Type or printed name and title) CEO			
DATE PARTEMBER 21, 1999 PANGEAPHIC THE.			
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 COMPLETE DESIGNATION.			

PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

	RPORATION SYSTEM
SIGNATURE BY:	e and Cern
Carol Record, Assistant Secretary	Registered Agent)
DATE	•

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (7-91)

(FLA. - 2194 - 3/4/92)