

# F9900000/153

From: Five Square Mgt  
P.O. Box 4010  
East Lansing, MI 48826

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

500002877715-4  
-05/17/99-01125-012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 MAY 17 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 25 1999

Examiner's Initials **TU**

**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 Michigan 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: Five Square Management, Inc.

2. The mailing address of the corporation is: P.O. Box 4010, East Lansing, MI 48826-4010

3. Date of incorporation/qualification: 1/13/93 Document number: \_\_\_\_\_

4. The name and address of the current registered agent and office:

Corporation Service Company,  
1201 Hays Street, Suite 105  
Tallahassee, FL 32301


5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Kenneth J. Foote  
129 S. Kentucky, #502  
Lakeland, FL 33801

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TALLAHASSEE, FLORIDA

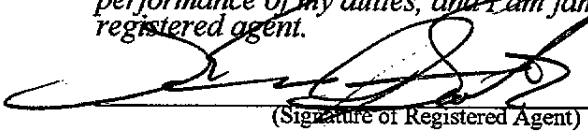
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

 5/6/99  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Amy A. Kaczmarczyk, Treasurer  
(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.*

 5/6/99  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Kenneth J. Foote Agent  
(Typed or Printed Name) (Capacity)

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