F99000003003

826 Shadybrook Drive Suite B

Marietta, GA 30066-6216 Phone: (800) 211-8645 Fax (800) 211-8647

6-13-01

TO: FL SEC OF STATE

RE: Chapman Freeborn America Inc. (GA)

PLEASE FILE THE ATTACHED CHANGE OF AGENT PAPERS

AND RETURN THE STAMPED COPY. to the above address.

IF THERE ARE ANY PROBLEMS PLEASE CALL 1-800-211-8645

J. COYLE

700004425047--3 -06/18/01--01095--017 *****35.00 *****35.00

RA Chg.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617, the undersigned corporation organized under the law.	
submits the following statement in order to change its	•
the State of Florida.	
1. The name of the corporation: CHAPMAN FREEBOR	RN AMERICA INC.
2. The mailing address of the corporation: 7270 NW 12	2TH ST., STE. 150, MIAMI, FL 33126
3. Date of incorporation/qualification: 6/9/99	Document number: F9900003003
4. The name and address of the current registered ager	nt and office:
EDWARD BERRIOS	
7270 NW 12TH ST., STE. 150	
MIAMI, FL 33126	
5. The name and address of the new registered agent (i	
(P. O. Box Not	Acceptable)
NRAI Services, Inc.	
526 E. Park Avenue	
Tallahassee, FL 32301	
The street address of its registered office and the street agent, as changed, will be identical.	· ·
Such change was authorized by resolution duly adopt authorized by the board.	ted by its board of directors or by an officer so
W S	6-8-01
(Signature of an officer, chairman or vice chairman of the box	ard) (Date)
HAROLD STEINER, VICE PRESIDENT (Printed or typed name and title)	
Having been named as registered agent and to accep	ot service of process for the above stated
corporation, I hereby accept the appointment as regi- I further agree to comply with the provisions of all st	stered agent and agree to act in this capacity. tatutes relative to the proper and complete
performance of my duties, and I am familiar with and registered agent.	d accept the obligation of my position as
NRAI Services, Inc.	
(Signature of Registered Agent)	6-13-01 (Date)
If signing on behalf of an entity:	
Charles A. Coyle	Assistant Secretary
(Typed or Printed Name)	(Capacity)
* * * FILING FEE	E: \$35.00 * * *
CD0D045(0/00)	