G02098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bill Hoppe, P.A.
(Name of corporation)

DOCUMENT NUMBER: G02098

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Hoppe
(Name of person)

Bill Hoppe, P.A.
(Name of firm/company)

2313 NW Road
(Address)

Gainesville, FL 32607
(City/state and zip code)

For further information concerning this matter, please call:

Dianne Purifoy (Name of person) at (305) 358-9060 (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09/03)

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Bill Hoppe, P.A.

2. The principal office address: 2313 NW 7th Road
   Gainesville, FL 32607

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/01/82 Document number: G02098

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Ellsworth William Hoppe

   66 W. Flagler Street 2nd Floor

   Miami, FL 33130

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   2313 NW Road
   (P.O. Box or personal mailbox NOT acceptable)

   Gainesville, FL 32607

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, or the corporation has been notified in writing of the change.

Ellsworth William Hoppe
(Signature of an officer or director)

Ellsworth William Hoppe, President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ellsworth William Hoppe
(Signature of Registered Agent)

10/17/03
(Date)

If signing on behalf of an entity: BILL HOPPE P.A.

ELLSWORTH WILLIAM HOPPE
(Typed or Printed Name)

PRESIDENT
(Capacity)

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TALLAHASSEE, FLORIDA

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314