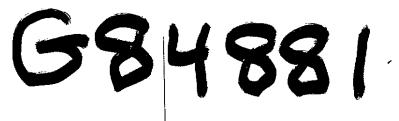
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Acknowledgment	

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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	The name of the corpor	RIDA, INC.				
ıa.	The name of the corpor	auorris.				,
1b.	Date of incorporation	2/15/1984	Do	ocument numb	SECKETT SECKETT ALL NHA e	
2.	The name and address Leslie E. Sa 5555 Radio I Jacksonville	ane at Ellis	registered ager	nt and office:	ARY OF STAT	m 5
	The name and address (P.O. Box Not	Acceptable) C T CORPOR	ATION SYSTEM		Sm o	
	o C T CORPORATION SY	STEM, 1200 So	uth Pine Islar	nd Rd., Planta	ation, Flo	rida 33324
of i	e street address of its re ts registered agent as c	hanged will be ed by resolutio	identical.	by its board of		
an(officer so authorized by An M. Berry SIGNATURE DATE		Seniar Vi	ce Presiden	and title	

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

SIGNATURE BY 1 ONCO 1 O LON SYSTEM

CREGistered Agent Monica Mahon

Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) **FILING FEE: \$35.00**