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 Do City,	Requirer's	hme D. Q. (UCA I Phone #	5-8	5		

Office Use Only

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

1.					
(Corporation Name)	(Document #) 500003228285 2 -04/28/0001040001 *****832.50 ******35.00				
2 (Corporation Name)	(Document #)				
3					
(Corporation Name)	(Document #)				
4 (Corporation Name)	(Document #)				
(Corporation Name)					
Walk in Pick up time _					
Mail out Will wait	Photocopy Certificate of Status				
NEW FILINGS	AMENDMENTS				
Profit	Amendment 5				
Not for Profit	Resignation of R.A., Officer/Director				
Limited Liability	Change of Registered Agent				
Domestication	Dissolution/Withdrawal				
Other	Merger				
OTHER FILINGS	REGISTRATION/QUALIFICATION				
Annual Report	Foreign				
Fictitious Name	Limited Partnership				
	\Box Reinstatement $\langle \langle \partial^{\circ} \rangle \rangle \langle \partial^{\circ} \rangle$				
	Trademark				
	Other VI VI				
	Examiner's Initials				

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 <u>Florida</u> 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: Atlantic Portfolio Analytics & Management, Inc.

2. The mailing address of the corporation is: <u>201 E Pine Street</u> Ste. 600	· · ·
Orlando, Fl 32801	_
3. Date of incorporation/qualification: <u>11/06/1984</u> Document number: <u>H28852</u>	÷.,
4. The name and address of the current registered agent and office:	
John Seall	
201 E Pine Street Ste.600	
Orlando, F1 32801 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Richard Grelecki	÷
201 E Pine Street Ste. 600	
Orlando, F1 32801	
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.	
Z/10/000 R O	
(Signature of an bifficer, Chairman or vice chairman of the board)	
(Printed or typed name and title)	
the second and a second and a second for the above stated	
corporation, I hereby accept the appointment as registered agent and tigree 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	
regisierea ageni. Z/10/00	:
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	-
* * * FILING FEE: \$35.00 * * *	
CR2E045(7/97) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	