

## H92510

	ACCOUNT NO.  REFERENCE  AUTHORIZATION  COST LIMIT	: 897753 : Pat	81445B	FILED 3: 41 SECRETARY OF STATE A SECRETARY OF STATE A SECRETARY OF STATE A	: 1
ORDER DATE :	October 11, 2001	·			
ORDER TIME :	1:17 PM				
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CUSTOMER NO:	81445B			ISON DE	
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NAME:	MCKINLEY, ITTE GUNDERSON & BE P.A.	RSAGEN,	50000	~ 4632225-	-6
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILI	ING:		-
	IED COPY STAMPED COPY	·			·
CONTACT PERSON	: Angie Glisar	- EXT# 1124 -EXAMINER:	·		

## . 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: Mckinley, Ittersagen, Gunderson & Berntsson,
2. The mailing address of the corporation: 18401 Murdock Circle, Port Charlotte,
Florida 33948
3. Date of incorporation/qualification: 91/02/1986 Document number: #925/0
4. The name and address of the current registered agent and office:
Fé 8
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Michael R. McKinley
18401 Murdock Circle
Pt. Charlotte, Florida 33948
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.
10/09/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
Michael R. McKinley, President (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
NOMETONO CONTRACTOR CO
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(9/00)

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