## J23683

OFFICE USE ONLY (Document #) ANN HILL/SMITH & THOMPSON, P.A. (Requestor's Name) 3520 Thomasville Road, 4th Floor 500002649705 -03/28/98--01006--018 (Address) \*\*\*\*\*35.00 \*\*\*\*\*35.00 Tallahassee, Florida 32308 893-4105 (City, State, Zip) (Phone #) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) X Walk in Certified Copy Pick up time Will wait Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS Amendment Profit NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Trademark

Other

Examiner's Initials

## Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersigned corp	s 607.0502, 617.0502, 607.1508, or 617.1508, poration organized under the laws of the State of statement in order to change its registered office ate of Florida.
1a. The name of the corporation is:	15 % C
1b. Date of incorporation 7/11/86	Document number J23683 5
2. The name and address of the cur	rrent registered agent and office:
Joe Manausa, 2365 Centery	ville Road, Tallahassee, FL 32308
3. The name and address of the new (P.O. Box Not Acceptable	
Tallahassee, Florida 32308	
Such change was authorized by reso an officer so authorized by the board	olution duly adopted by its board of directors or by
SIGNATURE	<u>Joseph P. Manausa, President</u> Typed or printed name and title
DATE	
PROCESS FOR THE ABOVE STATE IN THIS CERTIFICATE, I HEREBY A AGENT AND AGREE TO ACT IN TH WITH THE PROVISIONS OF ALL ST	ERED AGENT AND TO ACCEPT SERVICE OF ED CORPORATION AT THE PLACE DESIGNATED INCCEPT THE APPOINTMENT AS REGISTERED IN CAPACITY. I FURTHER AGREE TO COMPLY FATUTES RELATIVE TO THE PROPER AND COMTIES, AND I AM FAMILIAR WITH AND ACCEPT IN AS REGISTERED AGENT.
	DATE 9/23/98 (Registered Agent)

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

FILING FEE: \$35.00

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