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## Florida Department of State

Division of Corporations  
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DIVISION OF CORPORATIONS

To: Division of Corporations  
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From: Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.  
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## REGISTERED AGENT CHANGE

PRO-VISE MANAGEMENT GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

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**\* 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 Florida 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: PRO-VISE MANAGEMENT GROUP, INC.
2. The mailing address of the corporation is: 611 Druid Road, Suite 105, Clearwater, FL 33756

3. Date of incorporation/qualification: 8/22/86 Document number: 130130

4. The name and address of the current registered agent and office:

Ferrara, Ray

611 Druid Road, Suite 105

Clearwater, Florida 33756

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptal

Kimberly L. Adams

611 Druid Road, Suite 105

Clearwater, Florida 33756

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.

Kimberly L. Adams  
(Signature of an officer, chairman or vice chairman of the board)  
Kimberly L. Adams, Vice President

10/25/00  
(Date)

(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 registered agent.

By: Kimberly L. Adams  
(Signature of Registered Agent)  
Kimberly L. Adams

10/25/00  
(Date)

If signing on behalf of an entity:

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(Typed or Printed Name)

(Capacity)

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