Requestor's Name 201 W. Frot St. Address Sxinford Al. 32771 City/State/Zip Phone #		100002121801 -03/24/9701117 *****35.00 ****** Office Use Only
CORPORATIO	N NAME(S) & DOCUMENT	NUMBER(S), (if known):
1	orporation Name)	(Document #)
_		(Document *)
2(Co	orporation Name)	(Document #)
3		
(0)	orporation Name)	(Document #)
4.		
(C)	Pick up time	(Document #)
Walk in Mail out	Pick up time Photoc	Certified Copy
Walk in Mail out NEW FILINGS	Pick up time Will wait Photoc	Certified Copy
Walk in Mail out NEW FILINGS Profit	Pick up time Will wait Photoc AMENDMENTS Amendment	Certified Copy Copy Certificate of Status
Walk in Mail out NEW FILINGS Profit NonProfit	Pick up time Will wait Photoc AMENDMENTS Amendment Resignation of R.A., Office	Certified Copy Copy Certificate of Status 1 ALL A LL A LL A LL A LL A LL A LL A
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	Pick up time Will wait Photoc AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Ager	Certified Copy Copy Certificate of Status 1 ALL A LL A LL A LL A LL A LL A LL A
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication	Pick up time Will wait Photocome AMENDMENTS Amendment Resignation of R A. Office Change of Registered Ager Dissolution/Withdrawal	Certified Copy Copy Certificate of Status 1 ALL A LL A LL A LL A LL A LL A LL A
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	Pick up time Will wait Photoc AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Ager	Certified Copy Copy Certificate of Status 1 ALL A LL A LL A LL A LL A LL A LL A
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication	Pick up time Will wait Photocom AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Ager Dissolution/Withdrawal Merger REGISTRATION	Certified Copy 97 MAR 24 AM 10: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA TO Director Int 17
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Will wait Photocome AMENDMENTS Amendment Resignation of R A. Office Change of Registered Ager Dissolution/Withdrawal Merger	Certified Copy 97 MAR 24 AM 10: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA TO Director Int 17
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	Pick up time Will wait Photocom AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Ager Dissolution/Withdrawal Merger REGISTRATION QUALIFICATION Foreign	Certified Copy 97 MAR 24 AM 10: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA TO Director Int 17
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Pick up time Will wait Photocom AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Ager Dissolution/Withdrawal Merger REGISTRATION QUALIFICATION Foreign Limited Partnership	Certified Copy 97 MAR 24 AM 10: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA TO Director Int 17
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time Will wait Photocom AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Ager Dissolution/Withdrawal Merger REGISTRATION QUALIFICATION Foreign	Certified Copy 97 MAR 24 AM 10: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA TO Director Int 17

CR2E031(195)

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 section signed corporation organized under the following statement in order to chooth, in the State of Florida.	he laws of the State of Florida	submits
1. The name of the corporation is:	ilver Lakes I, Inc.	
1a. Date of incorporation12/24/8	Document number	J48850
2. The name and address of the cur Nicholas A. Pope	rrent registered agent and office:	F1 97 MAR 2 SECRET/ TALLAHA
215 N. Eola Drive, Orland	do, FL 32801	LE SSEE
3. The name and address of the new (P.O. Box Not Acceptable	e)	MIO: 25
	olia Ave., Orlando, FL 32801	
The street address of its registered a of its registered agent as changed, we Such change was authorized by resonant officer so authorized by the board	vill be identical. Solution duly adopted by its board of c	
HAVING BEEN NAMED AS REGISTE PROCESS FOR THE ABOVE STATE IN THIS CERTIFICATE, I HEREBY AS AGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STAPLETE PERFORMANCE OF MY DUTTHE OBLIGATION OF MY POSITION	ERED AGENT AND TO ACCEPT SEP D CORPORATION AT THE PLACE D CCEPT THE APPOINTMENT AS REG IS CAPACITY. I FURTHER AGREE T ATUTES RELATIVE TO THE PROPE TIES, AND I AM FAMILIAR WITH AN	DESIGNATED GISTERED TO COMPLY ER AND COM- DIACCEPT
Division of Corporations,	P.O. Box 6327, Tallahassee, I	FL 32314

CR2E045 (7-90)

FILING FEE: \$35.00