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CT CORPORATION SISTEM				
660 EAST JEFFERSON STRE	ET			
Requestor's Name TALLAHASSEE, FL 32301				
Address				
222-1092				
City State Zip	Phone	80	8000022684981 -08/15/9701078001	
CORPORATION(S) NAME		*****35.00 *****35.00		
CAMA of	TAMPA, I	W.C.	9 S	
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() NonProfit	() Amendm	nent	မှ iegaeM ()	
() Limited Liability Co.				
() Foreign	() Dissoluti	on/Withdrawal	() Mark	
() Limited Partnership	() Annual Report		() Other	
() Reinstatement	() Reservat		Change of R.A.	
			() Fictitious Name Filing	
() Certified Copy	() Photo Co	opies	() CUS	
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CR2E031 (1-89)

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 sections 607.0502, 617.0502, 607.1508, or 6 Florida Statutes, the undersigned corporation organized under the laws of Florida submits the following statement in order to change its regor registered agent, or both, in the State of Florida.	the State	e of	
1a. The name of the corporation is: CAMA of Tampa, Inc.			
1b. Date of incorporation1/16/87 Document number	mber ^{J52259}		
2. The name and address of the current registered agent and office:		97 AUG	
Stephen S. Tutwiler		വ	
100 N. Tampa, Suite 1925, Tampa, FL 33602			
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	STAT LORIG	3. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantati	on, Flo	——— rida 33324	
of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of dian officer so authorized by the board. SIGNATURE Typed or printed name and		•	
F_ Signature Typed or printed name and	title		
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVING THE ABOVE STATED CORPORATION AT THE PLACE DISTRIBUTION OF THE ABOVE STATED CORPORATION AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. C. T. CORPORATION OF MY POSITION AS REGISTERED AGENT. ASSETTANT SECRETARY OATE (Registered Agent)	ESIGNAT ISTERED O COMP AND CO ACCEP ON SYSTE	red C Ly O M - T	
Division of Corporations, P.O. Box 6327, Tallahassee, F.	L 3231	4	

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) FILING FEE: \$35.00