

# J54668

**McCLAIN & ASSOCIATES, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

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TAMPA, FLORIDA 33602-3719

City/State/Zip

e #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
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REGISTRATION/ QUALIFICATION	
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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS SEP 18 1997

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RA Chg.

SEP 18 1997

Date Filed

Sep 9, 1997

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: Stoy Associates, Inc.

2. The name and address of its present registered agent is:

James O. Williams  
1913 West Sligh Avenue  
Tampa, Florida 33604

3. The name and street address to which its registered agent is to be changed is:  
(P.O. BOX NOT ACCEPTABLE)

David H. McClain

1000 N. Ashley Drive, Suite 105

Tampa, Florida 33602-3719

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Albert J. Stoy, President  
(Typed or printed name and title)

Signature

Albert J. Stoy  
(President or Vice President)

Date

August 11, 1997

HAVING BEEN NAMED RESIDENT AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name David H. McClain

Signature

Date

Sep 8, 1997

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