

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

UNITED LANDMARK ASSOCIATES, INC.

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organised under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
l. The name of th	ne corporation: United Landmark Associates, Inc.
	office address: 100 N Tampa St, Suite 1925, Tampa, FL 33602
3. The mailing ac	idress (if different):
4. Date of incorp	oration/qualification: 02/17/1987 Document number: J58056
5. The name and Florida Depart	
	Foley & Lardner
	One Independent Drive, Suite 1300
	Foley & Lardner One Independent Drive, Suite 1300 Jacksonville, FL 32202
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	F&L Corp.
	One Independent Drive, Suite 1300
	(P.D. Box NOT acceptable)
	Jacksonville, FL 32202
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so to board, or the corporation has been notified in writing of the change.
1	Donald J. Niederpriem, President
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Charles (81)	V Step 11 14/97. (Date)
If signing on be	half of an entity:
	drick, Authorized Signatory ypod or Printed Name)

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr28045 (8/05)