

PHILLIPS POINT-EAST TOWER 777 SOUTH FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FLORIDA 33401-6125 PHONE (561) 659-5990 • FAX (561) 659-6313 http://www.akerman.com

June 6, 2000

Division of Corporations State of Florida P.O. Box 6327 Tallahassee, FL 32314

Re:

Jo Don Associates, Inc.

Dear Sir or Madam:

Enclosed please find Change of Registered Agent for Jo Don Associates, Inc., along with our check in the sum of \$35 for filing fees. Please file this change with your office.

Thank you for your assistance.

Very truly yours,

Barbara Grimaldi, Legal Assistant

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Encs.

cc: Russell T. Kamradt, Esq.

WP040001;1

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

the undersigned corporation organized under the laws of the State of Florida Statutes,
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: JO DON ASSOCIATES, INC.
2. The mailing address of the corporation is: 777 So. Flagler Drive, Suite 900
West Palm Beach, Florida 33401
3. Date of incorporation/qualification: 01/07/1988 Document number: K11217
4. The name and address of the current registered agent and office:
Philip M. Sprinkle II, Esq.
777 So. Flagler Drive, Suite 809
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Russell T. Kamradt, Esq.
777 So. Flagler Drive, Suite 900
West Palm Beach, FL 33401
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.
(Signature of an officer, chairman or vice chairman of the board)  Joseph W Madigan, President  (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.
(Signature of Registered Agent) (Date)
Russell T. Kamradt, Esq. f signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FIT INC PPF. \$25.00 * * *

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