K23650

Requester's Name

David J. Mears

3/5 So, North Lake Blue.

+ 1131

ALTAMONIE Springs 7L

32701

CR2E031(7/97)

Office Use Only

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

1.				
(Corporation Name) 2. (Corporation Name)		(Document #)	3000046 -11/13/0: *****35.	750531 1-0030-024 .00 *****35.00
		(Document #)	<u> </u>	
(Corporation Name)		(Document #)		· · = ··
4. (Corporation Name)		(Document #)		_
☐ Walk in☐ Mail out	☐ Pick up time _ ☐ Will wait	Photocopy	☐ Certified Copy☐ Certificate of Sta	atus
NEW FILINGS Profit Not for Profit Limited Liab Domesticatio Other OTHER FILING Annual Repo	it pility on G <u>S</u> ort	AMENDMENTS Amendment Resignation of R. Change of Registe Dissolution/Withe Merger REGISTRATION/Q Foreign Limited Partnersh Reinstatement Trademark Other	drawal UALIFICATION	DIVISION OF CORPORATIONS OI NOV 13 PH 3: 54

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

		tions 607.0502, 617.050 nized under the laws of th			atutes,
submits the follo	wing statement in	order to change its regi			oth, in
the State of Flori 1. The name of t	da. he corporation:	Min - City	Corp.		
ALT	AMONTE	oration: 3/5 So. Speines	7L 327	D1	
3. Date of incor	poration/qualificat	tion: 5/13/88	Document numb	per: <u>// 236</u>	50
		rrent registered agent and			
	DANETT	E M. THOMPS.	or <u>-</u>		
_	6624	NW- 48 N	ANOR		
_		Speines 71			
5. The name and		w registered agent (if cha (P. O. Box Not Acce	anged) and/or register		ged):
_	DAVID	J- MEARS			
_	3/5	So. NORTH L	AKE BNd.	# [13]	
_	ALTAN	Sa North L 10NTE Sprin	163 FL	330 327	01
	ess of its registered ed, will be identic	d office and the street acal.	ldress of the business	office of its regi	stered
Such change was authorized by	as authorized by re	resolution duly adopted b	y its board of directo	ors or by an office	r so
	Man		<u></u>	Nov. 8, 2	001
7	٠	or vice chairman of the board) DIRECTO	_	(Date)	
<u> UAVID</u> J	(Printed or typed	name and title)		ar.	<u>ئ</u>
Having been na corporation, I h I fürther agree performance of registered agen	my duties, and I d	d agent and to accept se appointment as register e provisions of all statut am familiar with and ac	rvice of process for t ed agent and agree t es relative to the pro cept the obligation o	he above stated o act in this capa per and complete f my position as	SECRETAR DIVISION OF C
	De		NOU. à	8, 2001	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
·	ignature of Registered	Agent)	(Date)		STA ORAL
If signing on beha	For amentity: ゴ・MEA	106	Dipo	CTOR	21 SE
DAVIO	Typed or Printed Name		(Capac	city)	

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314