Blackburn & Company, L.C. (Requestor's Name)			
SISO Befort Rd, South (Address)			
Jacksonville F1 32256-6030			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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R.A. Change

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, hunge is submitted for a corporation organized under the laws of the State of <u>Florida</u> ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	f the corporation: ACORN VENTURES, INC.	
	ni office address: 2022 Hendricks Ave., Jacksonville, FL 32207	
3. The mailing a	address (if different):	
4. Date of incorp	proporation/qualification: 05/20/1988 Document number: K24237	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	William M. Mason IV	
	2022 Hendricks Ave.	. 2
	Jacksonville, FL 32207	SEC BE
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	2008 AUG II SECRETARY
	Blackburn & Company, L.C.	P.F.
	5150 Belfort Rd. S., Bldg. 500	PH 12: 40
	Jacksonville, FL 32256	DF: 0
The street address changed will	cress of its registered office and the street address of the business office of its registed by identical.	ered agent,
Such change was	was authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	50
A non	RAYMOND K. MASON	PIR.
oj my auties, an document is bei	of the appointment us registered agent and agree to act in this capacity, or the property of all statutes relative to the proper and complete point I familiar with and accept the obligation of my position as registered agent eing filed merely to reflect a change in the registered office address, I hereby confit as been notified in withing of this change.	erformance Or, if this rm that the
PHI.	Signsfurbol Registered Agent) (Date)	
If signing on be	ochalf of an entity: 13 L. BLACKBULV	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)