17K64 Requester's Name ¥ A.D. MORGAN Office Use Only 716 North Renellie Drive, Tampa, Florida 33609 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	<u>(Co</u>	moratic	n Name)		(Document #)		
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2	(Co	rporatio	n Name)		(Document #)		FILED LAHASSE
3	(Corporation Name)				(Document #)		FILED 00 JUN -2 AM 10: 56 SECRETARY OF STATT TALLAHASSEE, FLORI
4	(Co	rporatio	on Name)		(Document #)		ORIDA ATE A
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	nnual Repo ictitious Na		:		Foreign Limited Partners Reinstatement Trademark Other	ship -	5paupre Diss. 6/15/00
							Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u> 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: The A.D. Morgan Corporation

	<u> </u>
2. The mailing address of the corporation is: 716 Renellie Drive, Tampa, Florida 33609	
3. Date of incorporation/qualification: <u>2-9-1989</u> Document number: <u>K 64497</u>	
4. The name and address of the current registered agent and office:	
Alan F. Wagner	and a second s
602 Bayshore Boulevard, Suite 910	·",
	• - 1 ^e r
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Paul J. Ullom	*
Paul J. Ullom	FILED
Tampa, Florida 33602	Ē
The street address of its registered office and the street address of the business office of its registered	
Such change was anthorized by resolution duly adopted by its board of directors or by an officer so	
(Signature of an officer, chairman or vice chairman of the board) $(Date)$	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process fourth and the	
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	
(Signature of Registered Agel, h 7/15/99	
(Date) (Date)	
-	
<u>– Paul J. Ullom</u> (Typed or Printed Name) (Capacity)	-
* * * FILING FEE: \$35.00 * * *	
CR2E045(7/97)	

P.O. Box 6327

TALLAHASSEE, FL 32314

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