W.P. Verifier

Florida Department of State, Jim Smith, Secretary of State

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 61 Florida Statutes, the undersigned corporation organized under the laws of the Florida —— submits the following statement in order to change its registered agent, or both, in the State of Florida.	ne Sta	te of	
1a. The name of the corporation is: Fourth Avenue Holdings, Inc.	<u> </u>		
1b. Date of incorporation April 14, 1989 Document number K8	0517		_
2. The name and address of the current registered agent and office:	-4.	(0	
Joseph M. Williams	PK.	99	
1501 E. Second Ave., Tampa, FL 33605	.A.F.	SEP	П
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	SSEE, FLO	-9 PM 3	LED
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation		ယ den 3	- 3324
The street address of its registered agent and the street address of the busing of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of direct an officer iso authorized by the board. SIGNATURE Type or printed name and the street address of the busing street addres	iness of the control	office	€
DATE Robert G. Simpson Vice President			
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVIPROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DE IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTAGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ATTHE OBLIGATION OF MY POSITION AS REGISTERED AGENT.	SIGNA STERE COMP AND (ATED ED PLY COM	
SIGNATURE BY: (Registered Agent)			
DATE 9/7/99 "VICTOR ALFANO" ASSISTANT SECRE	ranv -		
Division of Cornorations P.O. Box 6327 Tallahassee Fl	333 1211	11	

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

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