## **Document Number Only**

## K98997

C T CORPORATION SYS	STEM		
Requestor's Name 660 East Jefferson	Street		
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Address Tallahassee, Florid	la 32301	7000022162 -06/(8/9701	267 <b>~~4</b> 035~013
City State Zip	Phone	*****35.00	*****35.00
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## 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 Florida Statutes, the undersigned corporation organized under the laws of submits the following statement in order to change its representation or registered agent, or both, in the State of Florida.	of the State of
1a. The name of the corporation is: G.F.B. Enterprises, Inc.	
1b Date of incorporation June 29, 1989 Document number	er K98997 > S
2 The name and address of the current registered agent and office:  Gerald F. Bean	JUN 18 ECRETARN LLAHASSI
10943 S. Dixie Highway, Miami, FL 33156	
3 The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM	3: 22 SIATE LORIDA
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Planta	tion, Florida 333
The street address of its registered agent and the street address of the to fits registered agent as changed will be identical.  Such change was authorized by resolution duly adopted by its board of an officer so authorized by the board.  James 0_Cole, Vice In Typed or printed name at DATE	directors or by
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REAGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPERTIES PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AN THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.  SIGNATURE BY:   (Registered AGENT)  ONICKY OF SPECIAL ASSIST	DESIGNATED EGISTERED TO COMPLY ER AND COM- ND ACCEPT PLON, SYSTEM
Division of Corporations, P.O. Box 6327, Tallahassee,	
Distaining Colberguation 1.6. Day off, 1. augustocon	

CD2E045 (7-91) FILING FEE: \$35.00