

LO2000026304

(Registrant's Name)

EZON INC
1100 5TH AVENUE SOUTH
SUITE 210
NAPLES, FLORIDA 34102

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

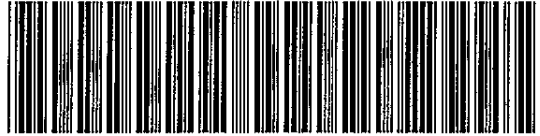
(Business Entity Name)

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Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- JACK O. TACKETT
Name
1100 FIFTH AVE SOUTH STE 401
Address
NAPLES, FL 34102
City, State and Zip

- GARY E ITTNER
Name
1100 FIFTH AVE SOUTH STE 210
Florida street address (P.O. Box NOT acceptable)
NAPLES FL 34102
City, State and Zip

(Signature of a member or authorized representative of a member)

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 obligations of my position as registered agent as provided for in Chapter 609, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

INHS18(10/99)

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is hereby