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 6	17.1508, Florida Statute	s, the		
undersigned corporation organized under the laws of the State of _Florid submits the following statement in order to change its registered office or re	egistered agent, or both,	in the		
State of Florida.				
1. The name of the corporation is: Drakeford & Drakeford, A Profess	ional Association	3 .		
				1 2.1
2. The mailing address of the corporation is: P.O. Box 22023, Tampa,	FL 33622-2023		-	
				:
3. Date of incorporation/qualification: 9/11/89 Document	number L15966		-	-
			<u>-</u> .	
4. The name and address of the current registered agent and office:		وليس يحسب يجب		
•	4000025858	3554-	1	L
Drakeford & Drakeford, P.A.			- : :	1
2212 E 4th Avenue				
	•			,
5. The name and address of the new registered agent and office: (P. O. Box	Not Acceptable)		÷	. ್ಷರ್ಕಾಪ
	1 /			
Walter H.C. Drakeford			- 4	•
2212 E 4th Avneue		M		12
		KI	U)	17
Tampa, FL 33605			•	i
The street address of its registered office and the street address of the bagent, as changed, will be identical.	usiness office of its reg	istered		
Such change was authorized by resolution duly adopted by its board of	directors or by an offic	er so		
authorized by the board.	7/10/00	₽¥	9	
Signal Signal Signal of the heard)	7/10/98 (Date)	—ES	<u></u>	_
(Signature of an officer, chairman or vice chairman of the board)		H H H	⊭	
Walter H.C. Drakeford, President	7/10/98	- 55.55 - 55.55	డు	===
(Printed or typed name and title)	(Date)	T S	<u> </u>	
Having been named as registered agent and to accept service of process corporation, I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obligative registered agent.	the proper and complete	CONTE	9:08	
	# /1 0 /00			
(Signature of Registered Agent) Walter H.C. Drakeford	7/10/98 (Date)		**	
If sighing on behalf of an entity:				
(Typed or Printed Name)	(Capacity)		. =	
(T)pod ov Atmices America				
* * * FILING FEE: \$35.00 * * *				