

## Attorney At Law

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August 19, 1998

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

IN RE:

GROUP IV OF FORT MYERS, INC.

700002622027--0 -08/21/98--01055--017 \*\*\*\*\*85.00 \*\*\*\*\*85.00

## TO WHOM IT MAY CONCERN:

Enclosed is the original and one copy of a Statement of Change of Registered Agent and Office for the above named Florida corporation and a check in the amount of \$35.00 representing payment of the applicable fees.

Please file same and return a conformed copy to me in the enclosed envelope.

Thank you for your assistance in this matter.

Very truly yours,

TIMOTHŸ J. MURTY

Attorney at Law

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**Enclosures** 

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SECRETARY OF STATE
TALL AHASSEE ELOBIA.

RA. Charge 8-27-98 CC.

## STATEMENT OF CHANGE OF REGISTERED AGENT AND REGISTERED OFFICE

To the Secretary of State of the State of Florida:

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned orporation, organized under the laws of the State of Florida, submits the following statement for the urpose of changing its registered agent and registered office in the State of Florida:

FIRST: The name of the Corporation is GROUP IV OF FORT MYERS, INC.

SECOND: The address of the present Registered Agent is: 2340 Periwinkle Way, Suite 12, Sanibel, Florida 33957.

THIRD: The mailing address and business address of its Registered Agent are identical and is changed to: 1633 Periwinkle Way, Suite A, Florida 33957.

FOURTH: The name of its present Registered Agent is: THOMAS F. RIZZO, ESQ.

FIFTH: The name of its successor Registered Agent is: TIMOTHY J. MURTY, ESQ.

SIXTH: Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature:

RODNEY JOBE, President

Date:

Date:

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Print/T	'ype Name	e: TIMOTHY	J. MURTY	
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Signato	ire: -/-	14	2 4 T	 -
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Date:	8-19-	95	4	