A Alla College And Son **Document Number Only** CT CORPORATION SYSTEM 660 EAST JEFFERSON STREET Requestor's Name TALLAHASSEE, FL 32301 **Address** 222-1092 000002273580--7 -08/21/97--01062--014 Phone City State Zip \*\*\*\*\*35.00 \*\*\*\*\*35.00 CORPORATION(S) NAME MON - WA () Profit () Merger () Amendment () NonProfit ( ) Limited Liability Co. () Mark () Dissolution/Withdrawal () Foreign () Other () Annual Report () Limited Partnership Change of R.A. () Reservation () Reinstatement ) Fictitious Name Filing () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up; () Will Wait Walk In () Mail Out Name Availability AUG 21 1997 Document Examiner. Updater Verilier Acknowledgment 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 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: Movi-Li O.L. Two. Document number 1b. Date of incorporation \_i The name and address of the current registered agent and office: Thomas Wallace 5050 W. Lemon St. lamoa FL -`∢∙ 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its of director or by an officer so authorized by the board. Kanna Kinney-Secretan 97 .dl Typed or printed name and title SIGNATURE 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. Mellem SIGNATURE BY: (Registered Agent) DATE AUGUST 20)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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