Document Number Only	665	305
C T CORPORATION SY	STEM	
Requestor's Name 660 East Jefferson	Street	
Address Tallahassee, Flori		
City State Zip	Phone	5000022438951 -07/22/9701072010
•	ION(S) NAME	~U7722797~~U1072~~U10 *****35.00 *****35.00
VSB, Ive.		9 JUL 22 PH 1: SECRETARY UF S TAILLAHASSEE, FL
() Profit () NonProfit () Limited Liability Compa () Foreign		ent () Merger
() Limited Partnership () Reinstatement () Limited Liability Partr () Certified Copy	() Annual Re () Reservation hership () Photo Co	on A Change of R.A.
( ) Call When Ready	( ) Call if Pro ( ) Will Wait	blem () After 4:30
Name	7/22/97	PLEASE RETURN EXTRA COPY(S)T FILE STAMPED

## 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 <u>Florida</u> 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: VSB, Inc.	
1b. Date of incorporation 4/18/1990 Document numb	Der 166305
2. The name and address of the current registered agent and office:	97 JUL 27 SECRET
100 NE Third Avenue, Suite 970, Ft. Lauderdale, FL 33301	SSE
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	FLORIE
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plant	ation, Florida 333

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 board of directors or by an officer so authorized by the board.

**IGN/ATURE** DATE

Peter H. Fritts, Assistant Secretary Typed or printed name and title 4

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.

DREORATION SYSTEM SIGNATURE BY Registered FEA Sta DATE

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

CR2E045 (7-91) (FLA. - 2194 - 3/4/92)

**FILING FEE: \$35,00**