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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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	EW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	FILED DIVISION OF CORPORATION OI NOV 30 PM 3: 47	
<u>0</u>	THER FILINGS	REGISTRATION/QUALIFICATION		
	Annual Report Fictitious Name	 Foreign Limited Partnership Reinstatement Trademark Other <i>RDIRAC</i> Examiner's Initia 	hang	2
CR2	2E031(7/97)		401	

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.

1. The name of the corporation: VENGROFF & WILLIAMS & ASSOCIATES, INC.

2. The mailing address of the corporation 3808 NORTH TAMIAMI TRAIL, SARASOTA, FL 34234

3. Date of incorporation/qualification: 7/31/90

Document number: L90081

4. The name and address of the current registered agent and office:

HARVEY VENGROFF

3501 BAYOU SOUND

LONG BOAT KEY, FL 34228

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. 0. Box Not Acceptable)

HARVEY VENGROFF

5135 RIVERWOOD AVE

SARASOTA, FL 34231

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

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

(Signature of an officer, chairman or vice chairman of the board)

11/21/01 (Date) చ్ర

ROBERT WILLIAMS, CFO

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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

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CR2EO45(9/00)

(Signature of Registered Agent)

11/21/01

If signing on behalf of an entity:

(Date)

HARVEY VENGROFF, CEO

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

DivisioN	OF	CORPOR	TIONS
DIVISION	Ur.	UNROKA	1110142

P.O. Box 6327

TALLAHASSEE, FL 32314