Fort City/State	DIE/US equestor's Name H MYNTEDO PAddress PLES E/Zip Phone #	Offi	300002583563- -07/15/980104600 *****35.00 *****35 ice Use Only
1	poration Name)  poration Name)  poration Name)  poration Name)  Pick up time	(Document #)  (Document #)  (Document #)  (Document #)	SECRE JARY Copy Copy
Profit NonProfit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name Name Reservation	AMENDMENTS  Amendment  Resignation of R.A., Or Change of Registered A Dissolution/Withdrawa Merger  REGISTRATIO QUALIFICATI  Foreign  Limited Partnership  Reinstatement  Trademark  Other	ficer/ Director agent	e of Status FLORIDA  A  A  A  A  A  A  A  A  A  A  A  A

Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section undersigned corporation organize				•	iaiuies, iri
submits the following statement in					both, in th
State of Florida.			<i>33</i>	<i>y</i>	,
1. The name of the corporation is:	FRED	J	FAIRCHIC	D ELECTE	10 M
2. The mailing address of the corp	oration is: 57	14 14	YRTLE DIE	CIVE	
Fort Pierce,	FL 3	4982		·	
3. Date of incorporation/qualifica	tion: 22 Aug	88	Document nur	nber: <u>M 95</u>	5627
4. The name and address of the cu	rrent registered ag	gent and o	ffice:		
Feed 7	T FAIRCH	11 0		TAS	98
				— CR	
<u>3112 IV</u>	yrthe dri	<u> </u>			
	erce, FL				
5. The name and address of the ne	-		ce: (P. O. Box No	of Acceptable)	R
by D. Jellis 5714 M	,			— <u>9</u> 5	ģ
Fort Pic	Erce, Fl	13	4982	P	i
The street address of its registere agent, as changed, will be identi-	ed office and the cal.	street add	lress of the busin	ness office of its	s registere
Such change was authorized by:					
authorized by the board.	( )			06-18-	-98
(Signature of an officer chairma		the board)	<del></del>	(Date)	
(Printed or type	ed name and title)		<u> </u>	(Date)	
Having been named as registere corporation, I hereby accept the I further agree to comply with the performance of my duties, and I registered agent.	appointment as t ae provisions of a	registered ill statutes	t agent and agre s relative to the 1	e to act in this c proper and com	capacity. plete
X Signature of Registered	Agent)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	-18-91 ate)	5
If signing on behalf of an entity:	-		·		
an anglesing our statute of the sames,					
(Typed or Printed Nam	e)		(	Capacity)	