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OTHER FILINGS Annual Report Fictitious Name Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials	RAIRO Chause	Foreign Limited Partnership Reinstatement Trademark	oort lame	Annual Rep

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*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 $\frac{7}{6}$ $\frac{2}{6}$ $\frac{2}{$
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: Chiledis Services, Inc.
1. The hance of the corporation
2. The mailing address of the corporation: 8159 ARLING ten SKPUESSWAY
5he 28 Jacksonville, 71 32211
3. Date of incorporation/qualification: Document number: Notcos 7217
4. The name and address of the current registered agent and registered office:
MARSHAL GUNN 4345 Jouth Point Bluo 572 100 JACICSON S. Ile 171 32216 5. The name and address of the new registered agent (if changed) and /or registered office (if changed) 5
4345 Jouth Pour BIVO
STE 100 JACIESON SILE 171 32216
572 100 JACICSON S. ILZ JA1 322 16 5. The name and address of the new registered agent (if changed) and /or registered office (if changed) 5.
M. Curt GEISIEV
12901 DEEP LAGOON PLACE EAST
JACKSONVILLE, 71 3224L
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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Curt X 42 9/15/02
(Signature of an officer, chamman of vice chamman of the board) (Date)
CURT 6EISE/ DES CEO (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
performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (If signing on behalf of an entity: (Late) (Late)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity) (Capacity)
(-%E)

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