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DOCUI 1. Corporation	n Name	(-)						
DOWN	TOWN DADE CITY MAIN ST	REET, INC.						
Principal Place	of Business	Mailing Address				- I IU Dikibi bul iidai qidda kirda ikkii	1 00 1 0101 0101 0101 01	
14138 6TH ST DADE CITY F US		P.O. BOX 908 DADE CITY FL 33524 US	6-0908					
						3. Date Incorporated or Qualified 04/11/1986	3a. Date of La 03/28	
2. Principal Pla	ace of Business	2a. Mailing Address 26 Suite, Apt. #, etc. 27				4. FEI Number 59-2807560		Applied For Not Applicable
Suite, Apt.	#, etc.					5. Certificate of Status Desired		75 Additional e Required
City & State	,	City & State		-		Election Campaign Financing Trust Fund Contribution	\$5.	00 May Be
Zip	Country 25	Zip 29	30 Co	untry		8. This corporation has liability for i	7.0	
*	9. Name and Address of Current		301	T		Fiorida Statutes 10. Name and Address of New R		
				B1 Nam	е		<u> </u>	
	ON, LEONARD			82 Stre	et Addres	ss (P.O. Box Number is Not Acceptab	le)	
3/83/ 68	CRIMAN AVENUE COULTS							i
	ERIDIAN AVENUE, SUITE 314			R3				
	TY FL 33525			83				
DADE CI	TY FL 33525	1017 1500 Florido Olai	the objective	84 City			FL T	Zip Code
DADE CI 11. Pursuant t or register familiar wit		a. Such change was autho	orized by the	84 City	corporat 's board	tion submits this statement for the pur of directors. I hereby accept the appo	PL nose of changing its	registered office
DADE CI	TY FL 33525 to the provisions of Sections 617.0502 a sed agent, or both, in the State of Floridath, and accept the obligations of, Section Signature, typed or printed name of registered agent as	Such change was authorn 617.0503, Florida Statut und title if applicable.	orized by the tes. (NOTE: Registered	84 City ove-named corporation	's board	of directors. Thereby accept the appointment of the opposition of	pose of changing its pointment as register	s registered office ed agent. I am
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BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _