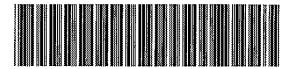
## N49666

(Re	equestor's Name)			
(Ad	ldress)			
<b>(A</b> d	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submitte	ovisions of sections 607.0502, 617.0502, 607.1508, o	State of FLOPLD		
• •	tered office or registered agent, or both, in the State of corporation: TSTON POCA CONS	_	b. ING	
	fice address: 1200 Charlese Ross	•		
NINT		32789		
<u></u>			*	
3. The mailing add	ness (ii different):		- <del>- 1</del>	
4. Date of incorpo	ration/qualification: 6-26-98 Docume	nt number: N 4966 6		
5. The name and s Florida Departr	treet address of the current registered agent and regist nent of State:	tered office on file with the		
	JOSEPH NESBIT	<b>-</b>	<b>5 6</b>	
_	JOSEPH NESBITI			
_	CERAL G-ABLES, F	1 33146	- ASS	
6. The name and s (if changed):	street address of the new registered agent (if changed)	_	ANII: L	
	INEPH WESBI	<b>プ</b> ア		
1850 GLENCOE ROAD				
<del>-</del>	(P.O. Box or personal mailbox NOT accept	stable)	THE COLUMN TO SERVICE STATES	
_	WINTER PARK	FL 32789	- <u>-</u> _	
The street addres changed will be i	s of its registered office and the street address of the	e business office of its regi	stered agent, as	
Such change was the board, or the	authorized by resolution duly adopted by its board corporation has been notified in writing of the chan	of directors or by an office ge.	er so authorized by	
(Si)	mature of an officer or director)	705 EPH NESS (Printed or typod name at	TO SECY_TRAN	
I hereby accept to I further agree to duties, and I am being filed merel been notified in v	he appointment as registered agent and agree to ac comply with the provisions of all statutes relative to familiar with and accept the obligation of my positi y to reflect a change in the registered office address writing of this change.	t in this capacity, to the proper and complete on as registered agent. Or s, I hereby confirm that the	performance of my ; if this document is corporation has	
	Kulini	1-10-04		
(5	ignature of Registered Agent)	- (Date)		
If signing on beh		-		
TOSEF	NESBITT	SecyTR	ens.	
	(Typed or Printed Name)	(Capacity)		

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