N95	000005364
Tim Franklin 1,0 Requester's Name	1VA Law 2
225-Sooth Adas Str. S	50.te 20 22-7206
	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
· -	es Administration + Manage ment (orp. (Document #)
2. (Corporation Name)	(Document #)
3.	The control of the co
(Corporation Name)	(Document #)
4	9000036730795 -02/09/0101094010
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership C. COULLIETTE FEB 0 9 2001 Reinstatement NOINT Oradomark Other Other Other NO E No 6-83-1 10
CR2E031(7/97)	GBAIBOBU Examiner's Initials

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

the undersigned	e provisions of sections 607.0502, 617.05 I corporation organized under the laws of lowing statement in order to change its re	the State of Florida	<u> </u>
	the corporation: The Agriculture Fa	cilities Administra	tion & Management Corp.
2. The mailing	address of the corporation: P.O. Box 11	175, Tallahassee, F	L 32302
3. Date of inco	orporation/qualification: 11/13/95	Document number	r: <u>พ95000005364</u>
4. The name an	d address of the current registered agent a	nd office:	TAKE 2
	William J. Roberts		三語 雷 可
	217 S. Adams Street		TARKS B-9
5. The name an	Tallahassee, FL 32301 ad address of the new registered agent (if c (P. O. Box Not Ac		I office (if changed):
	Timothy S. Franklin		Ð. (C
	225 South Adams Street, Suite	200	
	Tallahassee, FL 32301		-
The street addragent, as change	ress of its registered office and the street aged, will be identical.	address of the business o	office of its registered
Such change wanthorized by t	vas authorized by resolution duly adopted the board.	by its board of directors	or by an officer so
Die	1 ((6) 0 126		02/01
(Signature of an officer, chairman or vice chairman of the board) (Date)			
Tom Adams	s, President/Director		
	(Printed or typed name and title)	 	
corporation, I	amed as registered agent and to accept s hereby accept the appointment as registe to comply with the provisions of all state of my duties, and I am familiar with and a nt.	rea agent ana agree to t utes relative to the prope	act in this capacity. Ar and complete
			2/01
	(Signature of Registered Agent)	(Date)	(cf) block
If signing on beha	alf of an entity:		
	(Typed or Printed Name)	(Capacity)
	* * * FILING FEE:	\$35.00 * * *	

CR2E045(9/00)