

N96000001600

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
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AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

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OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
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☐	Other

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11-12-98

**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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: National Donations Institute, Inc.

1b. The mailing address of the corporation is : 1100 S.E. 5th Court, Suite 27
Pompano Beach, FL 33060

1c. Date of incorporation: 03/18/1996 Document number: N96000001600

2. The name and address of the current registered agent and office:

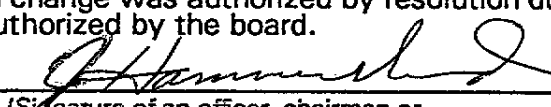
John E. Page
1100 S.E. 5th Court, Suite 27
Pompano Beach, FL 33060

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Jeffrey D. Kneen, Esq.
Levy, Kneen, Mariani, Curtin,
Kornfeld & del Russo, P.A.
1400 Centrepark Blvd., Suite 1000
West Palm Beach, FL 33401

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.

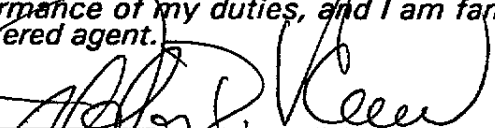

(Signature of an officer, chairman or
vice chairman of the board)

11-4-98
(Date)

Jeffrey Hammerlund, its President

(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 registered agent.


(Signature of Registered Agent)

11/03/1998
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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