N9600000 4040

Sentry Management In (Requestor's Name)				
Sentry Management In (Requestor's Name) 2180 State Rd 434 W (Address)				
SLC 5000				
(Address) Longwood, Fiz 32779-5049 (City/State/Zip/Phone #)				
(City/State/Zip/Prione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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PALLAHASSEE FIORIE

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DA Alanal

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

Pursuant to the	e provisions of sections 607.0502, 61	7.0502, 607.1508, or 617.1508	, Florida Statutes,	
•	of change is submitted for a corporation	-	- · · · · · · · · · · · · · · · · · · ·	
<u>FLORIDA</u> of Florida. 1. The name of	in order to change its registered the corporation: DANIELS CROSSIF			
	l office address: 2180 W SR 434 ST			
	LONGWOOD FL 327	779-5044		
3. The mailing	address (if different):	,		
4. Date of incor	rporation/qualification: 08/01/1996	6Document number:	N96000004040	
	nd street address of the current registere artment of State: Byrd Accounting	d agent and registered office on	egistered office fif	
	306 Ocoee Apopka Rd Ste 5			
•	Ocoee, FL 34761			
6. The name as changed):	nd street address of the new registere	ed agent (if changed) and /or r	egistered office fif	
	JAMES_W_HART_JR	<u> </u>	<u> </u>	
	SENTRY MANAGEMENT INC (P.O. Box or personal mailbox NOT acceptable)			
	2180 W SR 434 STE 5000 LONGWOOD FL 32779-504	(4		
The street addragent, as chang	ress of its registered office and the stre ged will be identical.	et address of the business office	ce of its registered	
Such change wanthorized by t	as authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or notified in writing of the chang	by an officer so ge.	
	er, chouman of yies chairman of the board)	Eric Tendick		
I hereby accept I further agree performance of registered ager	t the appointment as registered agent to comply with the provisions of all st f my duties, and I am familiar with an nt. Or, if this document is being filed I hereby confirm that the corporation	and agree to act in this capaci tatutes relative to the proper a d accept the obligation of my p merely to reflect a change in it	ty. nd complete position as ie registered	
	Signature of Registered Agent)	4/13/04 (Date)		
If signing on beha	~			
JAMES W H		PRESIDENT		
	(Typed or Printed Name)	(Capacity)	•	

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