Law Offices

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EDWARD PAUL KREILING

November 10, 1997

000002348360--5 -11/17/97--01036--006 *****35.00 *****35.00

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

GERRY STUTZ INSTITUTE FOR ECOLOGICAL ALTERNATIVES, INC. Re:

Dear Sir:

I enclose a Statement of Change of Registered Office and Registered Agent, along with a check in the amount of \$35.00. Please file and return notice of filing to my office in the envelope provided.

Very truly yours,

EDWARD PAUL KREILING

EPK:lm

Enc.

hinda outhorized to show. Mr. Kreiling as Registered.

REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Pursuant to the provisions of Section 607.0502 or 607.1508, 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.

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1.	The name of the corporation isGERRY STUTZ INSTITUTE FOR
1a.	Date of incorporation <u>8/7/97</u> Document number <u>N97000004652</u>
2.	The name and address of the current registered agent and office:
	Edward P. Kreiling
	1626 N. Commerce Pkwy., Suite 225, Weston, FL 33326
3.	The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
	Douglas Stutz,
	2380 Riverdale Dr., N, Miramar, Fla. 33025
The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.	
Suc	th change was authorized by resolution duly adopted by its board directors or by an officer so authorized by the board.
	SIGNATURE Jacque R. Stub Paer Sent (name and title)
	DATE 10/27/97
Having been named as registered agent and to accept service process for the above stated corporation at the place designated in this certificate, 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 (Registered Agent)	
	DATE