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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 23 AM 8:21

August 21, 2000

Secretary of State  
Attn: Corporations  
P. O. Box 6327  
Tallahassee, FL 32399

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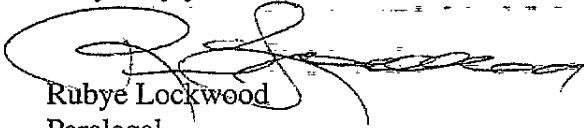
Re: THE JON THOMAS GROUP, INC.

Dear Sir/Madam:

Enclosed please find an original State of Change of Registered Office and Registered Agent in regards to the above captioned corporation together with our check in the amount of \$35.00 for the filing fee. Please forward a copy of the confirmation of filing to our office in the envelope provided.

Thank you for your cooperation and assistance in this matter.

Very truly yours,

  
Rubye Lockwood  
Paralegal

/rjl  
Enclosures

RA Chg.

V. SHEPARD SEP 6 2000

STATEMENT OF CHANGE OF REGISTERED OFFICE  
AND REGISTERED AGENT

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Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered agent in the State of Florida.

1. The name of the corporation is:  
THE JON THOMAS GROUP, INC.
2. The name and address of its present registered agent is:  
NAN B. BOLZ  
5 Harvard Circle, Suite 100  
West Palm Beach, Fl. 33409
3. The name and street address to which its registered agent is to be changed is: (P.O. Box is not acceptable)  
JOHN BUTTE  
2029 Vinings Circle, Suite 404  
Wellington, Fl. 33414
4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature: \_\_\_\_\_

JOHN BUTTE, President

Date: \_\_\_\_\_

4-5-2000

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: JOHN BUTTE

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4-5-2000