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Server and a server and a server a se	ATTORNEYS AT LAW BANK OF AMERICA SUITE 2700 390 NORTH ORANGE AVE. ORLANDO, FLORIDA 32801-1643	P · · ·	· · · · · · · · · · · · · · · · · · ·
à	City/State/Zip	Phone #	2000034715928 -11/21/0001007006 *****35.00 *****35.00

Office Use Only

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

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OTHER FILINGS	REGISTRATION/Q	UALIFICATION
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STATEMENT OF CHANGE OR 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.

1. The name of the corporation is: HARB BROTHERS JACKSONVILLE, INC.

- 2. Then mailing address of the corporation is: 3700 34th Street, 3rd Floor Orlando, Florida 32805
- 3. Date of incorporation/qualification: April 20, 2000

Document number: P00000039728

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

Mr. A. Tom Harb 3700 34th Street, 3rd Floor Orlando, Florida 32805

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

Michael C. Sasso, Esquire Dempsey & Sasso 390 North Orange Avenue, Suite 2700 Orlando, Florida 32801

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.

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Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment s 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.

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314