P00000042028

RECOVERY INTERESTS INC.
816 N.W. 6TH AVE
FT. LAUDERDALE, FL 33311

City/State/Zip Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 16 AM 8:37

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

000004619680--4
-10/02/01--01021--003
*****35.00 *****35.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

**AMENDMENTS**

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

**OTHER FILINGS**

☐ Annual Report
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

R/A chg.

V SHEPARD OCT 18 2001

Examiner's Initials

CR2E031(7/97)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 8, 2001

RECOVERY INTERESTS INC.
816 N.W. 6TH AVE.
FT. LAUDERDALE, FL 33311

SUBJECT: RECOVERY INTERESTS, INC.
Ref. Number: P00000042028

We have received your document for RECOVERY INTERESTS, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard
Corporate Specialist

Letter Number: 701A00056040

Rec'd 10/16

# 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.*

1. The name of the corporation : RECOVERY INTERESTS, INC.

2. The mailing address of the corporation : 816 N.W. 6TH AVE.
FT. LAUDERDALE, FL 33311

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3. Date of incorporation/qualification: 4/24/00 Document number: P00000042028

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

GORDON A. DIETERLE
2300 GLADES ROAD, SUITE 400 EAST TOWER
BOCA RATON, FL 33431

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

EDWARD B. LEB
816 N.W. 6TH AVE.
FT. LAUDERDALE, FL 33311

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) — 8/14/01 (Date)

EDWARD B. LEB CHAIRMAN
(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.*

X (Signature of Registered Agent) — 8/14/01 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) — (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314