THE UNITED STATES CORPORATION

ACCOUNT NO.

072100000032

REFERENCE :

715428

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: May 31, 2000

ORDER TIME : 4:41 PM

ORDER NO. : 715428

400003282214--6

CUSTOMER NO: 10826A

CUSTOMER: Mark J. Skipper, Esq

Mark John Skipper, P.a. 15 Southwest Tenth Street

Fort Lauderdale, FL 33315

CHANGE OF AGENT

NAME: L.N.L. ENTERPRISE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Janine Lazzarini

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

	he provisions of sections 607.0502, 617.0502, 60? ed corporation organized under the laws of the State	
	llowing statement in order to change its registered	
the State of Fl	orida.	
1. The name of	of the corporation is: L.N.L. ENTERPRISE, INC.	
2. The mailin	g address of the corporation is: 6309 MIRAMAR PARK	KWAY, MIRAMAR, FLORIDA 33023
3. Date of inc	corporation/qualification: JUNE 1, 2000	Document number: P 000000 53038
4. The name a	and address of the current registered agent and office	e:
	MARK J. SKIPPER, ESQ.	
	315 SOUTHEAST 7TH STREET, SUITE 200	
	FT. LAUDERDALE, FLORIDA 33301	ASSE
5. The name a	and address of the new registered agent and office: (P. O. Box Not Acceptable 2
	MARK J. SKIPPER, ESQ.	
	15 SOUTHWEST TENTH STREET	
	FT. LAUDERDALE, FLORIDA 33315	
agent, as chan	dress of its registered office and the street address ged, will be identical.	
Such change authorized by	was authorized by resolution duly adopted by its the board.	ooard of directors or by an officer so
/4G	Bird - Carleton ure of an officer, chairman or vice chairman of the board)	<u>4/5/2000</u>
(Signat	ure of an officer, chairman or vice chairman of the board)	(Date)
Secret		
Having been r	(Printed or typed name and title) named as registered agent and to accept service of p	rocess for the above stated
corporation, I I further gore	hereby accept the appointment as registerea agent to comply with the provisions of all statutes relative	and agree to act in this capacity. The to the proper and complete
performance of registered age	of my duties, and I am familiar with and accept the c	onigation of my position as
By:	Multiple	5/05/00
• 1	(Signature of Registered Agent)	(Date)
If signing on beha	alf of an entity:	
.*	(Typed or Printed Name)	(Capacity)
	*** FILING FEE: \$35.00	***
CR2EO45(7/97)		
	DIVISION OF CORPORATIONS P. O. Box 6327	TALLAHASSEE, FL 32314