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Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4000

SIGN OF CORPERATIONS.

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300

Fax Number : (608)827-5300

REGISTERED AGENT CHANGE

FREEDOM SOLUTIONS INC.

0
02
\$35.00

RACIA

2/6/01

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

the State of F	ned corporation organized unde following statement in order to t	change its register	red office or registered agent, or bo	oth, in
Diane of 1	of the corporation is: Freedom			•
:	was sombotunous is:			·
2 The mailin	and division is a second			<u></u>
2. THE MANUE	ng address of the corporation is:	-		
SET NOR	h Larry Circle, Brandon, FL 33511	Located in the Co	ounty of Hillsboro.	
3. Date of in	corporation/qualification: June 8	3, 2000	Document number: P800000055518	
4. The name a	and address of the current regists	ered agent and off	ice:	
	Business Filings Incorporated			•
	1000 West Avenue, Suite 1114, I	Miami Beach, FL 3:	3139	
	Located in the County of Miami-l	Dade		-
5. The name a	and address of the new registered	agent and office:	(P. O. Box Not Accentable)	
	Jeffrey Snell		တ် 🚉 🕕	CI CISCO
:	527 North Larry Circle, Brandon	, FL 33511		ğ-g-n
•	Located in the County of Hillsbor	ro		
The street add agent, as chan	ress of its registered office and ged, will be identical.	the street address	of the business office of its registe	red
Such change v	vas authorized by resolution du	ly adopted by its l	poard of directors or by an officer s	_
	- The	- •		
	of an officer, chairman or vice chairman	of the board)	(Date)	
Jenny Tremblay	/, President	_		
Hanima L	(Printed or typed name and utle)			
corporation II further agree performance of registered agen	amea as registered agent and whereby accept the appointment to comply with the provisions of my duties, and I am familiar was.	of accept service of as registered age of all statutes related and accept the statutes related to the	f process for the above stated nt and agree to act in this capacity tive to the proper and complete e obligation of my position as	
	Alle M Dull Senante of Registered Agent)		1/29/01	
signing on behal	lf of an emity:		(Date)	
effrey Snell	Typed or Printed Name)		Vice President	
(.	- Aben or Littled (48W6)		(Capacity)	
	* * * FILING	G FEE: \$35.00 *	** .	
R2E045(7/97) Di	VISION OF CORPORATIONS P.O.	. Box 6327	Tallahassee, FL 32314	
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