McLeod, McLeod & McLeod, P.A.

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Johnie A. McLeod Raymond A. McLeod William J. McLeod

August 11, 2000

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Florida Department of State **Division of Corporations** P O Box 6327 Tallahassee, FL 32314

Change of Registered Office and Re:

Registered Agent for Bronson Family, Inc.

Charter No. P 00000063972

Gentlemen:

Enclosed herewith for filing in your records is CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT along with my check in the amount of \$35.00 to cover your filing fee for same.

Thank you. I am,

Yours truly,

WJM/aa Encls.

William J. McLeod

Charter No.P00000063972

Date Filed: June 30,2000



STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

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 office and registered agent in the State of Florida.

- 1. The name of the corporation is: BRONSON FAMILY, INC.
- 2. The name and address of its present registered agent is:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, Florida 32301

The name and street address to which its registered agent is to be changed is:

Margaret M. Bronson	
2194 Bent O	ak Drive
Apopka, FL 32703	

- The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
- 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.

Margaret M. Bronsopresident
Typed or printed name and title)

Signature Muyuot M. Burs
(President or Vice President)

Date Aug. 10, 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 Margaret M. Bronson

Signature M. Bronson

(Agent)

Date August 10, 2000

FILING FEE \$35