Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : DRIVER, JOHNSON & MCAFEE, PA Account Number : 120020000137

Phone : (904)306-9220_ Fax Number : (904)301-1279

REGISTERED AGENT CHANGE

MCAFEE-TOWE ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

5.00 \$ \$/18/03 RAIRO CAS'

8/5/2003

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

Pursuant to	the provisions of sections 607.05	02, 617.0302, 607.1308, or 617.1308, Florida Statutes,
this statement		poration organized under the laws of the State of egistered office or registered agent, or both, in the State
of Florida.		_
1. The name	of the corporation: McAfee-Towe	Enterprises, Inc.
2. The princip	pal office address: 1004 Park Ave	nue, Orange Park, Florida 32073
-		
3. The mailin	ng address (if different):	
4. Date of inc	corporation/qualification:09/25/	Document number: P00000090440
		gistered agent and registered office on file with the
Florida De	partment of State:	FALL 03
	F&L Corp.	LORE
	200 Laura Street	HAS:
	Jacksonville, Florida 32202	SEC
6. The name changed):	and street address of the new re- intrepid Registered Agent Service	gistered agent (if changed) and /or registered of section :
	225 Water Street, Suite 2020	·
	(P.O. Box or person	gal mailbox NOT acceptable)
	Jacksonville, Florida 32202	
agent, as char	iged will be identical.	he street address of the business office of its registered
Such change suthorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
State of the cold	ccr. chairman of the board)	Matthew S. McAfee, Vice President (Printed or typed name and title)
		agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as filed merely to reflect a change in the registered ration has been notified in writing of this change.
	(Signature of Registered Agent)	Due
f signing on beh	•	-
Intrepid Regist	tered Agent Services, LLC	President
	(Typed or Printed Name)	(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314