

P01000001265
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A FLORIDA LIMITED LIABILITY PARTNERSHIP

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Post Office Drawer 1441
St. Petersburg, FL 33731-1441

June 1, 2001

Secretary of State
State of Florida
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

900004339359--5
-06/04/01--01044--010
*****35.00 *****35.00

Dear Sir or Madam:

Enclosed is an executed Statement of Change of Registered Office or Registered Agent,
or Both, for the named corporation along with a check in the amount of \$35.00.

If you have any questions, please call. Thank you for your assistance

Very truly yours

HARRIS, BARRETT, MANN & DEW

for *Paul Harris, Secretary*
Samuel A. Roach

SAR\gh
Enclosure

FILED
01 JUN -4 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ra chg

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Section 607.0502, 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 or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is D.S. EVANS & COMPANY, INC.

SECOND: The street address of its current registered office is 2424 22nd Street No., St. Petersburg, FL 33713

THIRD: The street address of its new registered office is 1715 West Cleveland St., Tampa, FL 33606.

FOURTH: The name of its current registered agent is Deborah Sue Evans.

FIFTH: The name of its new registered agent is Samuel A. Roach, Esq.

SIXTH: The address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its Board of Directors.

DATED: June 1, 2001.

D.S. EVANS & COMPANY, INC.

By: [Signature]
As Its: President

NEW AGENT'S WRITTEN CONSENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.0505 FLORIDA STATUTES.

[Signature]
Samuel A. Roach, Esq. (Registered Agent)

FILING FEE: \$ 35.00

Date: 6-1-01

FILED
01 JUN - 1 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA