P0100032960

Moore and Waksler, P.L., Attorneys at Law

1625 W. Marion Ave., Ste. 2 Punta Gorda, Florida 33950-5295

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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CR2E031(7/97)

Examiner's Initials

T BROWN JUL 2 5 2001

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

the undersigned corporation organized under the laws of the State of	
the State of Florida. 1. The name of the corporation: Elles S. Maker PA	
2. The mailing address of the corporation: 1625 W. Marion Ave. Suite 2	
Tunta Gorda, FL 33950	
3. Date of incorporation/qualification: 3/27/01 Document number: Pologoo32960	
4. The name and address of the current registered agent and office:	
Ellen S. Maher, Esq.	
201 W. Marion Ave. Suite 104 9	-
Punta Gorda Fl. 33950 ROLL	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed).	
(P. O. Box Not Acceptable)	
Ellen S. Maher, Esq.	
- 1625 W. Marion Ave. Svite 2	
The street address of its registered office and defined as the street address of its registered office and defined as the street address of its registered office and defined as the street address of its registered of the street address of the street addres	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so	
(Signature of an officer, chairman or vice chairman of the board)	
Ellen S. Maker President de de la Control de	.; ₩.
(Printed or typed name and title)	.E.
Having been named as registered agent and to accept service of process for the above stated corporation, 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	
Togotte, a sgem.	:
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	··—
* * * FILING FEE: \$35.00 * * *	
CR2E045(9/00)	

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314