P000050785

ERIK C. LARSEM, P.A. 243 W. Park Avenue Winter Park, FL 32789

Office Use Only

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

1.	
(Corporation Name)	(Document#) 100045580310 -09/04/0101097011 *****35.00 *****35.00
(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials
BROWN SEP 1 0 2001

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1a. The name of the corporation is:	SCOTT-OWEN ENTERPRISES, INC.
1b. Date of incorporationMay 14, 2001	Document number P01000050785
2. The name and address of the current r	registered agent and office:
ERIK C. LARSEN, 243 W. Park Ave., St	uite 201, Winter Park, FL 32789
3. The name and address of the new regis (P.O. Box Not Acceptable) JOHN D. SCOTT-OWEN	tered agent and office:
601 W. King St., Orlando, FL	32804
The street address of its registered agent a of its registered agent as changed will be i	and the street address of the business office address.
Such change was authorized by resolution an officer so authorized by the board.	duly adopted by its board of directors or by
SIGNATURE 8/31/01 DATE	JOHN D. SCOTT-OWEN. Pres. Typed or printed name and title
IN THIS CERTIFICATE, I HEREBY ACCER AGENT AND AGREE TO ACT IN THIS CA WITH THE PROVISIONS OF ALL STATUT PLETE PERFORMANCE OF MY DUTIES, THE OBLIGATION OF MY POSITION AS	PRPORATION AT THE PLACE DESIGNATED PT THE APPOINTMENT AS REGISTERED PACITY. I FURTHER AGREE TO COMPLY TES RELATIVE TO THE PROPER AND COMAND I AM FAMILIAR WITH AND ACCEPT REGISTERED AGENT.
SIG	NATURE Scottobe (Registered Agent)
DAT	E <u>8/31/01</u>

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00