## POROCO 3590 ATTORNEY AT LAW

6464 FIRST AVENUE NORTH ST. PETERSBURG, FLORIDA 33710

PERSONAL INJURY & WRONGFUL DEATH TRIAL PRACTICE GENERAL PRACTICE TELEPHONE: (727) 345-3788 FAX: (727) 347-7115 Paul W. Hitchens Robert "Bo" Michael

July 2, 2001

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

In re: CMT OF ORLANDO, INC.

300004464423--2 -07/09/01--01072--016 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Sir or Madame:

Enclosed is a Statement of Change of Registered Office and Registered Agent with regard to the above-captioned corporation. Also enclosed is my check in the amount of \$35.00 to cover the costs of filing.

Thank you.

Sincerely,

Paul W. Hitchens PWH/pwa

Encls.

FILED

01 JUL-9 PM 3: 50

SECRETARY OF STATE
TAILAHASSEE, FLORIDA

R.A. change

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CLEARWATER OFFICE: 1505 LAKEVIEW RD., CLEARWATER, FLORIDA 34616 TELEPHONE: (727) 345-3788

## 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 ofFlorida	
	llowing statement in order to change its registered office or registered agent, or both, in the
State of Florid 1. The name of	d.  f the corporation is: CMT OF ORLANDO, INC.
t. The name of	and composition is.
2. The mailing	address of the corporation is: 3014 North Goldenrod Road
·	Orlando, FL 32792
3. Date of inco	prporation/qualification: June 26, 2001 Document number: P01000063590
	nd address of the current registered agent and office:
	MICHAEL MAWICKE
	6282 41st Avenue North
	St. Petersburg, FL 33709
5. The name ar	ad address of the new registered agent and office: (P. O. Box Not Acceptable)
	MICHAEL MAWICKE _
	3014 North Goldenrod Road
	Orlando, FL 32792
The street addr	ress of its registered office and the street address of the business office of its registered ged, will be identical.
Such change w	vas authorized by resolution duly adopted by its board of directors or by an officer so
addionized by	
(Signature	Cof an officer (chairman or vice chairman of the board)  L. T. MAWICKE VICE PRESIDENT - REGISTERED AGENT
MICHAE	LJ. MAWICKE VICE PRESIDENT - REGISTERED
	(1 mad or c) box mane and (10c)
Having been n corporation, I i fürther agree ierformance oj egistered agen	amed as registered agent and to accept service of process for the above stated hereby accept the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete finy duties, and I am familiar with and accept the obligation of my position as
	Makan Mourile 6-29-21
(8	Signature of Registered Agont) (Date)
signing on beha	If of an entity:
	CHARL J MANICKE VICE YESIDENT
Ç	Typed or Printed Name) (Capacity)  KEGISTERED
	*** FILING FEE: \$35.00 *** AGENT

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314