## P01000077714

PRODUCTION SOFTWARE P. O. BOX 1329 ROSELAND, FLORIDA 3	SERVICES, INC.			÷
City/State/Zip	Phone #		the second secon	ma t ser
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Office Use Only

Examiner's Initials

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

1.	(Corpo	oration Name)		(Document #)	0000046179602 -10/01/0101054001 ******35.00 ******35.00
2.	2(Corporation Name)		<del>-</del>	(Document #)	· · · · · · · · · · · · · · · · · · ·
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OTHER FILINGS		RE	REGISTRATION/QUALIFICATION		
	Annual Report Fictitious Name	2		Foreign Limited Partnersh Reinstatement Trademark Other	ib 60,0% / Se

## 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 the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registere the State of Florida.  1. The name of the corporation: PRODUCTION SOFTWARE SERVICES, TNC (P.S.)	ed agent, or both, in
2. The mailing address of the corporation:  P.O. BOX 1329	
ROSELAND, FLORIDA 32957	
3. Date of incorporation/qualification: AUGUST 2_2001 Document number:	201000077714
4. The name and address of the current registered agent and office:	·
ROSALIE P. CARDEN	
2432 SW RACQUET CLUB DRIVE	
PALM CITY, FLORIDA 34998	ARE CI
5. The name and address of the new registered agent (if changed) and/or registered of (P. O. Box Not Acceptable)  ROBERT HOLSTEIN  940 OVERLOOK DRIVE  DELAND, FLORIDA 32724-1422	AM IO: 58
The street address of its registered office and the street address of the business off agent, as changed, will be identical.	
(Signature of an officer, chairman or pice chairman of the board)  RICHARD A. CARDEN, PRESIDENT, CEO	17, 2001
(Printed or typed name and title)	have stated
Having been named as registered agent and to accept service of process for the acceptoration, I hereby accept the appointment as registered agent and agree to accept the agree to comply with the provisions of all statutes relative to the proper of performance of my duties, and I am familiar with and accept the obligation of my registered agent)    Meet	t in this capacity. and complete position as
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

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