

PD10000078443

(Requestor's Name)

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(City/State/Zip/Phone #)

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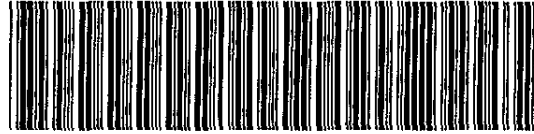
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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MICHAEL J. ROSENBAUM, P.A.

August 18, 2004

Florida Department of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Gentlemen:

Enclosed you will find Statements of Registered Agent for filing together with a check in the sum \$760.00, representing the filing fees.

If you have any questions, please feel free to contact our office.

Sincerely,


Ronald R. Fieldstone

RRF\cs

Encls.

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CAB 1, INC.
2. The principal office address: P.O. BOX 265400
DAYTONA BEACH, FL 32126-5400
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/29/95 Document number: P01000078443
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RONALD R. FIELDSTONE

201 ALHAMBRA CIRCLE STE 601

CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHARLES A. BRAY

600 NORTH ATLANTIC AVENUE

(P.O. Box or personal mailbox NOT acceptable)

DAYTONA BEACH, FL 32118

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 authorized by the board, or the corporation has been notified in writing of the change.

Charles A. Bray
(Signature of an officer or director)

Charles A. Bray, Director
(Printed or typed name and title)

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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Charles A. Bray
(Signature of Registered Agent)

7/1/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

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