Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number : 076077002775

: (407)246-8692

Phone Fax Number

: (407)423~7014

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OINISION OF CORPORATIONS

REGISTERED AGENT CHANGE

MITCH MOORE & COMPANY, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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9/21/01

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 Sidilles, |
|--|
| the undersigned corporation organized under the laws of the State of |
| the State of Florida. |
| 1. The name of the corporation: |
| Mitch Moore & Company, Inc. |
| |
| 2. The mailing address of the corporation : |
| 10022 Oakside Court, Orlando, Florida 32836 |
| 3. Date of incorporation/qualification: September 13, 2001 Document number: p01000090266 |
| 4. The name and address of the current registered agent and office: |
| Nancy S. Freeman |
| 250 Park Avenue South, 5th Floor |
| Winter Park, Florida 32789 |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable) |
| Mitchell Moore |
| 10022 Oakside Court |
| Orlando, Florida 32836 |
| 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 popula. |
| (Signature of an officer, chairman of vice chairman of the board) |
| Mitchell Moore, President |
| (Printed or typed name and title) |
| 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 registered agent! |
| (Signature of Registered Agent) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Capacity) |
| * * * FILING FEE: \$35.00 * * * |

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAWASSEE, FL 32314