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983 NORTH COLLIER BOULEVARD

MARCO ISLAND, FLORIDA 34145

REPLY TO: P. O. BOX 109, MARCO ISLAND, FL 34146-0109

SALVATORE C. SCUDERI DONALD G. CHILDS

TELEPHONE 941 / 394-3166 FAX 941 / 642-5657

September 24, 2001

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

800004616698--1 -09/28/01--01067--001 *****35.00 *****35.00

Gentlemen:

Enclosed please find Statement of change of registered office for corporations, and check in the amount of \$35.00 for the filing fee.

Very truly yours, SCUDERI & CHILDS

Salvatore C. Scuderi / em

Salvatore C. Scuderi
SCS/em

enclosures

Notarge

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

-	•	507.0502, 617.0502, 60 inder the laws of the Sta	•	508, Florida Statutes,
-	-	to change its registere	<u> </u>	red agent, or both, in
the State of Florida.				
1. The name of the	corporation:	MARNI M. SCUDERI,	P. A.	· · · · · · ·
, ,	ess of the corporation	n: 983 N. COL	LIER BLVD.	
3. Date of incorpor	ation/qualification:	SEPTEMBER 17,2001	Document number	:: Po 10 0009 1630
7	<u>-</u>	egistered agent and offic		
SALVATORE C. SCUDERI				<u> </u>
98:	3 N. COLLIER BLVI) .		E B A
MA:	RCO ISLAND, FL 34	4145		28 IASS
5. The name and ad		stered agent (if changed . O. Box Not Acceptabl		office (if changed)
	RESGITERED OFFI	CE CHANGE.		SEA 91
<u> </u>	7686 GROVES ROA	AD		DA A
	NAPLES, FL 3410)	· •	•
The street address of agent, as changed,	of its registered offic will be identical.	e and the street address	of the business o	ffice of its registered
Such change was a authorized by the b	uthorized by resoluti oard.	on duly adopted by its	board of directors	or by an officer so
Marin	1 suderi	PRESIDEN	T 9	- 24-01 (Date)
(Signature of an	officer, chairman or vice c	hairman of the board)	,	(Date)
MARNI M	SCUDERI (Printed or typed name an	d title)	 · .	
corporation, I here I further agree to c	by accept the appoir omply with the provi	t and to accept service of tment as registered ago isions of all statutes rel viliar with and accept to	ent and agree to a ative to the prope	ct in this capacity. r and complete
(Signa	ture of Registered Agent)		(Date)	
If signing on behalf of	an entity:			
(Туре	d or Printed Name)		(Capacity)	,

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