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May 10, 2002

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

> Blue Springs Health Water Inc. RE:

Date of Incorporation: 4/29/02 Document No.: P02000047061 *****35.00

Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Agent for Blue Springs Health Water Inc. along with our check in the amount of \$35.00 made payable to the Secretary of State for the filing fee.

Should you have any questions concerning this matter, please do not hesitate to contact me.

Very truly yours,

LANGFORD & HILL, P.A.

ECL/pac **Enclosures**

UCC Filing & Search Services, Inc. P:\Users\ECL\Blue Springs Health Water\Secretary of State Ltr 5-10-02.wpd

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
submits the following statement in order to change its registered office or registered agent, or both, it the State of Florida.
1. The name of the corporation is: Blue Springs Health Water Inc.
2. The mailing address of the corporation is: 201 W. Base Street
Madison, Florida 32340
3. Date of incorporation/qualification: Apr 11 29, 2002 Document number: P02000047061
4. The name and address of the current registered agent and office:
UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FLORIDA 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
E. C. Langford
1715 West Cleveland Street
Tampa, FL 33606
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
(Signature of an officer, charman or vice chairman of the board) (Date)
(Signature of an officer, charman or vice chairman of the board) (Date)
J.B. DAVIS JV Pres-
(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. 5/a/s - 5/a/s -
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35,00 * * *
CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314