P040000a0679

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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A'S SO CH TALLAHASSEE, FLORIDA

A'S AR PARASSEE, FLORIDA



| | | ACCOUNT | NO. : | 0721000 | 00032 | |
|--------|----------|---|---------|-----------|------------|--------------|
| | | REFER | ENCE : | 427914 | 7416969 | |
| | | AUTHORIZA' | rion : | Pote | Pit | |
| | | COST L | IMIT : | \$ 35.00 | era inguic | |
| ORDER | DATE : | February 6, | 2004 | | | |
| ORDER | TIME : | 11:57 AM | | | | |
| ORDER | NO. : | 427914-010 | | | | |
| CUSTOM | ER NO: | 7416969 | | | | |
| CUSTOM | Hon | . Sonny Brum me Solutions 350 Jones Roa | Of Ame | rica, | | |
| | Ног | uston, TX 7 | 7070 | | | |
| | | CHANGE | OF AGE | NT . | | - |
| | NAME: | SOUTHERN FLORIDA, | | RE UNLIMI | red of | |
| PLEASE | RETURN | THE FOLLOWIN | NG AS P | ROOF OF F | LLING: | |
| | | FIED COPY STAMPED COPY | Y | | | |
| XX | | | | | | |
| | T PERSON | N: Ellyn He | rndon - | - EXT# 29 | 15 | |

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

| - | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this itted for a corporation organized under the laws of the State of Florida | statement of in order |
|--|---|--|
| 0 0 | gistered office or registered agent, or both, in the State of Florida. | |
| 1. The name of t | the corporation: SOUTHERN EXPOSURE UNLIMITED OF FLORIDA, INC. | |
| 2. The principal | office address: 5868 Enterprise Pkwy, Ft. Myers, FL 33905 | |
| 3. The mailing a | address (if different): | |
| 4 Date of incorr | poration/qualification: February 2, 2004 Document number: P04000020679 | |
| 5. The name and | d street address of the current registered agent and registered office on file with the rtment of State: | |
| | Corpdirect Agents, Inc | |
| | 103 N. Meridian St. | |
| | Tallahassee, FL 32301 | 7 SF 04 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | FEB 24 SECRETAR |
| | Corporation Service Company | SEE |
| | 1201 Hays Street | FLO |
| | (P.O. Box or personal mailbox NOT acceptable) | |
| | Tallahassee, FL 32301 | 7 |
| The street addre changed will be | ess of its registered office and the street address of the business office of its registered e identical. | agent, as |
| Such change wa | as authorized by resolution duly adopted by its board of directors or by an officer so a be corporation has been notified in writing of the change. | uthorized by |
| Frans | Signature of an officer or director) FRANK J. FRADEULA - I (Printed or typed name and title) | RESIDENT |
| I hereby accept I further agree t duties, and I am being filed mere been notified in | t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perforn familiar with and accept the obligation of my position as registered agent. Or, if this ely to reflect a change in the registered office address, I hereby confirm that the corporations of this change. | mance of my s document is ration has |
| Corporation By: Xawa | Service Company Cignature of Registered Agent) Cignature of Registered Agent) | |
| If signing on be | ehalf of an entity: Laura R. Dunlap as its agent | |
| | (Typed or Printed Name) (Capacity) | |

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