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## Florida Department of State

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

GOLDCO, INC.

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Thange of 14 10/28/03

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

| Pursuant to the provisions of sections 607.0502, 617.0302, 607.1508, or 617.1508, Florida State  | 416S,    |
|--|----------|
| this statement of change is submitted for a corporation organized under the laws of the State of   |          |
| Alabama in order to change its registered office or registered agent, or both, in the S  | late     |
| of Florida.  |          |
| 1. The name of the corporation: Goldco, Inc.   |          |
| 2. The principal office address: 2330 Montgomery Highway, Dothan, AL 36303   | (سع      |
|  | 2,03 QCT |
|  | 8        |
| 3. The mailing address (if different):   |          |
|  | _ O      |
| 4. Date of incorporation/qualification: 01/01/1985 Document number: P04622   |          |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   | 1        |
| Applefield, Bryan M.   |          |
| 8701 Lagoona Dr.   |          |
| Panama City, FL 32407  |          |
| 6. The name and street address of the new registered agent (if changed) and /or registered office changed):  | (if      |
| C T Corporation System   |          |
| c/o C T Corporation System   |          |
| (P.O. Box or personal mailtons NOT soocpable)  |          |
| 1200 South Pine Island Road, Plantation, Florida 13324   |          |
| The street address of its registered office and the street address of the business office of its registere agent, as changed will be identical.  | :d       |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so tutionized by the board, or the corporation has been notified in writing of the change.  |          |
| Bryan M. Appkiell C. E. D.  Appolar of an Ultre-Landpolan or size chairman of the board)  (Printed of Open name and wile)  |          |
| Thereby accept the appointment as registered agent and agree to act in this capacity.  Surther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dulies, and I am familiar with and accept the obligation of my position as egistered agent. Or, if this document is being filed merely to reflect a change in the registered fice address, I hereby confirm that the corporation has been notified in writing of this change. |          |
| (Signature Agent) 10/28/03   |          |
| signing on behalf of an entity:  |          |
| Shelley Savage Vice Precident (Typed or Printed Name) (Capacity)   |          |
| (Types of Frinted Name) (Coppelity)  |          |

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

Maks checks payable to Florida Department of State and Mail to: Division of Colforations, P.O. Box 6327, Tallamassee, Fi. 32314