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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BOYD MANOR INVESTMENTS INC. (Name of Corporation)
DOCUMENT NUMBER: PO 6000103271
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person) Boyd Monor In sestments in a (Firm/Company)
3609 fort textock- (Address)
5th Augustine FL: 52086 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (PU-4) 797-4584 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: Boyd Mouser Investment Time. 2. The principal office address: 3609 Fort Payton Cr., St. Augustine
2. The principal office address: 3609 Fort Renton Cr. 57- Augustine
FL., 32086
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/8/36 Document number: POLODO10327/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
HORDEEN, Bonnies
3609 Fort Payton Co.
Saint Augustine, Fl. 32086 # 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
3609 Fort Parton Cr. (P.O. Box NOT acceptable) St. Augustine 82., 72086
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 a solution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
WILLIAM SCAFEN, Pr. (Printed or typed name and title)
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 that accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been verified in writing of this change.
(Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Brinted Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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