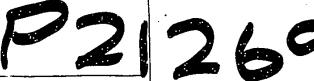
## **Pocument Number Only**



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CT CORPORATION SYSTEM				
Requestor's Name 660 East Jefferson Str	eet			
Address Tallahassee, FL 32301	222-1092			
City State Zip	Phone	Ş	500002 -08/19	2712652 9/9701057023
CORPORATIO	DN(S) NAME		*****35.00 *****35.00 	
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( ) Limited Liability Co. ( ) Foreign	() Dissolution	n/Withdrawal	() Mark	
( ) Limited Partnership ( ) Reinstatement	() Annual Report () Reservation		() Other () Change () Fic.	UCC Filing of R.A. Name
( ) Certified Copy	() Photo Copies		() CUS	·
() Call When Ready Walk In () Mail Out	() Call if Pro	blem	() After 4:	
Name Availability		PLEAS	E RETURN I	EXTRA COPIES
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CR2E031 (1-89)

W.P. Verifier

## Florida Department of State, Jim Smith, Secretary of State

## 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 of Pennsylvania submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1b. Date of incorporation 10/12/88	Document number	P21269		
2. The name and address of the current reg Prentice-Hall Corporation System, Inc.		SECRETAI TALLAHAS	97 AUG 1	Contract Con
1201 Hayes St., Ste. 105, Tallahassee, H	FL 32301	333 7 Y	<b>→</b> P	
3. The name and address of the new register (P.O. Box Not Acceptable)  C T CORPORATE	_	LORIDA	و0 :با	
c/o C T CORPORATION SYSTEM, 1200 South	Pine Island Rd., Plantati	on, Flo	rida	33324
The street address of its registered agent and of its registered agent as changed will be identified by resolution do an officer so authorized by the board.  SIGNATURE	ntical.	rectors	or by	Zevi

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE BY:	C T CORPORATION	SYSTEM <u>WMarv</u> R. Adams.
	(Registered Agent 18, 1997	) Asst. Sec.

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

CR2E045 (7-91)

FILING FEE: \$35.00