P23272

ACCOUNT NO. : 072100000032

REFERENCE : 424725 4369921

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 35.00

FILED
01 AUG 24 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
change

ORDER DATE : August 15, 2001

ORDER TIME : 3:20 PM

ORDER NO. : 424725-090

CUSTOMER NO: 4369921

000004556180--0

CUSTOMER: Ms. Elizabeth Stalker
Canine Companions For
P.o. Box 446

Santa Rosa, CA 95402-0446

CHANGE OF AGENT

NAME: CANINE COMPANIONS FOR
INDEPENDENCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

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DIVISION OF CORPORATION

8/24/01

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

1. The name of the corporation : CANINE COMPANIONS FOR INDEPENDENCE, INC.

2. The mailing address of the corporation : P.O. Box 446, Santa Rosa, CA 95402-0446

3. Date of incorporation/qualification: March 06, 1989 Document number: P23272

4. The name and address of the current registered agent and office:

Margaret Ager, c/o Canine Companions for Independence

1073-B Orienta Avenue

Altamonte Springs, FL 32701

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5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box **Not** Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

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 authorized by the board.

Jean Schulz — 8/23/01

(Signature of an officer, chairman or vice chairman of the board) (Date)

JEAN SCHULZ, PRESIDENT

(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.

Carol K. Dolor — 8/23/01

(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Carol K. Dolor, Assistant Vice President

(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314