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Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 900002412439	Req	uestor's Name	
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Trademark		· · · · · ·	

Examiner's Initials

Other

Florida Department of State, Sandra B. Mortham, 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 Florida 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 is: 830983 ONTARIO LIMITED CORPORATION	
2.	The mailing address of the corporation is:	
	The mailing address of the corporation is: Suite 3020 225 South Westmonte Drive Altamonte Springs, Florida 32714 Date of incorporation/qualification: 10/05/89 Document Number: P26324	, N
3.	Date of incorporation/qualification: 10/05/89 Document Number: P26324	-
4.	The name and address of the current registered agent and office:	
	Joseph E. Whitaker Suite 3020 225 South Westmonte Drive Altamonte Springs, Florida 32714	
5.	The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	
	James R. Pratt, Esquire Graham, Clark, Jones, Builder, Pratt & Marks 369 North New York Avenue, 3rd Floor Winter Park, Florida 32789	
The stagent	treet address of its registered office and the street address of the business office of its registered, as changed, will be identical.	
Such	change was authorized by resolution duly adopted by its board of directors or by an officer so rized by the board.	
aumo	(Signature of an officer, chairman, or vice chairman of the board) (Date)	
	LAWRENCE LIBIN, ASSISTANT SECRETARY (Printed or typed name and title)	
— accept	g been named as registered agent and to accept service of process for the above-stated corporation, I hereby t the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligation of my position as registered agent.	
	(Signatural Agent) (Date)	
If sign	ing on behalf of an entity:	
<u></u>	(Printed or typed name) (Capacity)	-
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