## Address 3900 Galf Oc. MBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) Certified Copy ☐ Walk in Pick up time Certificate of Status Photocopy ☐ Mail out ☐ Will wait **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Dire Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFIC OTHER FILINGS Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)

## 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 <u>FLOUDA</u> 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: CALDRIA LANG TWEELOPS, LAG. TWE	_
2. The mailing address of the corporation: 900/ LAREDO Daive	
IRVING, TX 75063-4426	
3. Date of incorporation/qualification: July 2, 1990 Document number: P.30033	
4. The name and address of the current registered agent and registered office:	
JOHN H. LANG	
4451 Gulf Shone Blvd. #302	9
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):	<u> </u>
	-
Robert Davis Weilson, Attorney at Law	¢
7880 West Oakland Park Blud., SUITE 202	
Suprise, FL 33351	
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.	
(Signature of any officer, chairman or vise chairman of the board)	
(Printed or typed name and office President	
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	
Signature of Registered Agent) [59, 7/20/0/	
if signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
CR2E045(8/99)	

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, PL 32314