## Document Number Only

CR2E031 (1-89)

## P31865 MEGALINASSEE FISAR

C T CORPORATION SYSTEM		CORIDA	
Requestor's Name 660 East Jefferson St	reet		
Address Tallahassee, Florida 32301		000002111260 -03/12/9701054025 *****35.00 *****35.0	
City State Zlp	Phone		
CORPORATION(S) NAME		000002111260 -03/12/9701054030 ****157.50 ******52.9	
Stafeo, Ioc			
() Profit () NonProfit () Limited Liability Company	() Amendm	ent	() Merger R
() Foreign	() Dissolution	on/Withdrawal	() Mark
() Limited Partnership () Reinstatement () Limited Liability Partner	() Annual R () Reservat		() Other Change of R.A. () Fictitious Name
Certified Copy	() Photo Co	opies	() cus : &
() Call When Ready () Walk In () Mail Out	() Call if Pro () Will Wait		() After 4:30 97 Pick Up 7
Name Availability		PLE	ASE RETURN EXTRA COPY(S):
Document Examiner	3/12/97	,	FILE STAMPED TO
Updater	Sjiajii		
Verifier		,	
Acknowledgment	R	4 Chan	nge
W.P. Verifler	·	4 Chan 3-12-9	7

## 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 <a href="Lousiana">Lousiana</a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is:  STAFCO, INC.
1b. Date of incorporation 11-14-90 Document number
2. The name and address of the current registered agent and office:  Susan Preising
111 Madison St., Suite 1130, Tampa, Florida 33602
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324
The street address of its registered agent 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.  Laurin L. Laderoute Ir Typed or printed name and title  DATE
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: TOPPORATION SYSTEM
DATE (Registered Agent)
Jonathan Giddings-Asst. Secy.  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$35.00** 

CR2E045 (7-91)

(FLA. - 2194 - 3/4/92)

LoBue Associates, Inc.

Communications Center

13-15 Broadway
Fair Lawn, NJ 07410-2011
201-797-7400
Fax 201-791-8815

P33506

**OBUE** 

Consultants for Financial Services

Headquarters:

1771 E. Flamingo Road Suite 219 A Las Vegas, NV 89119 702-898-6940 Fax 702-433-4021

Branch Offices:

666 Dundee Road Suite 1102 Northbrook, IL 60062 708-835-3878 Fax 708-835-3886

Central Building - Suite 113 No. 1 Pedder Street GPO Box 11308, Central Hong Kong 852-841-7758 Fax 852-810-1868

March 5, 1997

ATTN:

ACCOUNTING DEPARTMENT

OUR FINANCE OFFICE HAS RELOCATED. EFFECTIVE IMMEDIATELY PLEASE SEND ALL INVOICES AND CORRESPONDENCE REGARDING INVOICES TO THE FOLLOWING ADDRESS:

97 MAR 13 PH 12: 36
SECRETARY OF STATE
TALL AHASSEE FLORIDA

LoBue Associates, Inc. 1771 E. Flamingo Road Suite 219 A Las Vegas, NV 89119 (702) 898-6940 PHONE (702) 433-4021 FAX

If you have any questions please contact us at the above phone number. Your prompt attention to this matter is appreciated.

Thank you.

LoBue Associates, Inc.