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Henderson	Kensler Lo	iw Firm Ps	
	<u></u>		
	<u></u>		Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
•			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation Change
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			Annual Report / Reinstatement
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			Certificate of Fictitious Name
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			Fictitious Search
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Signature			Vehicle Search
			Driving Record
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Name	Date	Time	UCC 11 Retrieval

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register	eed under the laws of the State of	Florida		
1. The name of t	the corporation: Henderson Keasler Law F	Firm, P.A.			
	office address: 4309 Pablo Oaks Court, S		4		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 5/11/93	Document number: P930000	34070		
	d street address of the current registered age rtment of State:	ent and registered office on file wi	th the		
	Alan D. Henderson		-		
4309 Pablo Oaks Court, Suite Five					
	Jacksonville, FL 32224	-			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Frank R. Keasler, Jr.	, <u>, , , , , , , , , , , , , , , , , , </u>	SER OF IT		
	4309 Pablo Oaks Court, Suite Five		F.S.		
	(P.O. Box NOT acceptable)		9至 5		
	Jacksonville, FL 32224		Dr. W		
The street addre	ess of its registered office and the street as be identical.	ddress of the business office of it	s registered agent,		
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been noti	by its board of directors or by an flied in writing of the change.	officer so		
(Signatu	ure of an officer or director	Alan D. Henderson, President	ofle)		
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	agree to act in this capacity tes relative to the proper and con ation of my position as registere registered office address, I herel	aplete performance d agent. Or, if this by confirm that the		
(Sig	gnature of Registered Agent)	1 (, (0 5 (Date)			
If signing on be	half of an entity:	/	·		

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Frank R. Keasler, Jr.

(Typed or Printed Name)