

Document Number Only

P93000044239

FILED  
OCT - 8 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City State Zip Phone

CORPORATION(S) NAME

400003009844--2

-10/08/99--01056--017

\*\*\*\*\*35.00 \*\*\*\*\*35.00

*Fidinium Investments Consulting (Florida) Inc.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Foreign                       |   |  |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Fict. Filing           | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> UCC-1 UCC-3               |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        |  |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              |  |
| <input type="checkbox"/> Mail Out                      |   |  |

Name  
Availability

Document  
Examiner

Updater

Verifier

Acknowledgment

W.F. Verifier

OCT - 8

RECEIVED  
OCT 8 1999  
4:30  
STATE  
SECRETARY OF  
TALLAHASSEE,  
FLORIDA

Please Return Extra Copy(s)  
Filing Stamp

C. COULLETTE OCT 0 8 1999

**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: Fidiam Investments Consulting (Florida), Inc.

2. The mailing address of the corporation is: 8921 WEST ATLANTIC BLVD  
SUITE 5 COAL SPRINGS, FL 33071

3. Date of incorporation/qualification: 6/18/93 Document number: P93000044239

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

DAVID A. BEYER

C/O AUDNILL & WOLFE

101 E. KENNEDY BLVD #2000 TAMPA, FL 33608

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

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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]

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

10/5/99  
(Date)

MICHAEL G. TOMBARE Vice 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.

[Signature]  
(Signature of Registered Agent)

October 7, 1999  
(Date)

If signing on behalf of an entity:

E. A. Wallace

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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