1993000057806

GEORGE B. WALLACE, ESO., P.A.
ATTORNEY AT LAW

ATTORNEY AT LAW 413 W. FIRST STREET SANFORD, FLORIDA 32771

(407) 323-3660

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August 22, 1997

SECRETARY OF STATE Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: BOX WORK INTERNATIONAL, INC.; Change of Registered Agent

Dear Clerk:

Please find enclosed our firm check in the amount of \$35.00 covering your fee for filing of the enclosed Statement of Change of Registered Agent.

If you have any questions concerning this matter please do not hesitate to contact me.

Very truly yours,

GEORGE B. WALLACE, ESQ., P.A.

Donna D. Lake, Secretary for George B. Wallace, Esquire

/ddl Enclosures

cc. Gary Adams

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Florida Department of State, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, 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: BOX WORX INTERNATIONAL, INC.
- 1a. Date of incorporation <u>August 16, 1993</u>, Document number <u>P93000057806</u>
- The name and address of the current registered agent and office: GEORGE B. WALLACE, 413 W. First St., Sanford, Fl. 32771
- 3. The name and address of the new registered agent and office: GARY ADAMS, 204 N. Elm Avenue, Sanford, Florida 32771

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,

SIGNATURE

GARY ADAMS, President

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DATE: <u>August 27</u>, 1997

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

MARY ADAMS

Registered Agent

DATE: ____August 22, 1997

Mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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