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Ro	equestor's Name			
-IN S	AM S LANDMAN ITE REALTY, INC.			
5251	NW 80TH TERRACE PARKLAND		Office Use (Only
CORPO	ORIDA 33067	_IENT NUMBER(S).	, (if known):	
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NEW FILINGS	AMENDMEN	YTS ·	والمالي والمالي والمالي	1
Profit NonProfit	Amendment Resignation of R.	A., Officer/ Director	-1	026832921 1/09/9801089018 ****35.00 *****35.00
Limited Liability	Change of Registe			
Domestication	Dissolution/Witho	irawal		
Other	Merger		& An	a of cha
OTHER FILINGS	REGISTRA	Construction of the second sec	MA	11/12
Annual Report	QUALIFIC	ATION		
Fictitious Name	Foreign			
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	Reinstatement		=4	
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Florida Department of State, Sandra B. Mortham, 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, the undersigned corporation organized under the submits the following statement in order to change its both, in the State of Florida.	607.1508, or 617.1508, Florida Statutes, laws of the State of registered office or registered agent, or
1a. The name of the corporation is: N SITE REALLY	,INC ·
1b. The mailing address of the corporation is: 5251	NW 80TH TERRACE
PARKLAND, FLORIDA 33067	
1c. Date of incorporation:Doc	ument number:
2. The name and address of the current registered age	ent and office:
2052 MAPLEWOOD DRIVE,	
CARAL SODINGS FI 330	
3. The name and address of the new registered agent a	nd office:(P.O. Box Not Acceptable)
handhas mallill	
5251 NW 80M TERRAC	<u>E</u>
PARKLAND, FL 3306	7-1137
The street address of its registered office and the street address of its registered of it	reet address of the business office of its
Such change was authorized by resolution duly adopte so authorized by the board	d by its board of directors or by an officer 08-24-98
- Charachairmen Or	(Date)
(Signature of an officer, chairman or vice chairman of the board)	
WILLIAM S LANDMAN, PRESIDENT	
(Printed or typed name and title) Having been named as registered agent and to acce, corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all st performance of my duties, and I am familiar with an registered agent.	The state of the proper and complete
	08-24-98
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
·	
(Typed or Printed Name)	(Capacity)
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314 FILING FEE: \$35.00

CR2E045(11/94)