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ATTORNEYS AT LAW
POST OFFICE BOX 3979
SARASOTA, FLORIDA 34230

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
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3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

To the Secretary of State of the State of Florida.

- Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

- FIRST:** The name of the corporation is
Wilson Stiles, Inc.
- SECOND:** The address of its present registered agent is 1750 Ringling Blvd., Sarasota, FL 34236.
- THIRD:** The address to which its registered agent is to be changed is 1750 Ringling Blvd., Sarasota, FL 34236.
- FOURTH:** The name of its present registered agent is Ward E. Dahlgren.
- FIFTH:** The name of its successor registered agent is Ted French
- SIXTH:** The address of its registered office and the address of its business office of its registered agent, as changed, will be identical.
- SEVENTH:** Such change was authorized by resolution duly adopted by its board of directors.

DATED 12-30-, 1998.

Wilson Stiles, Inc.
(exact corporate name)

SIGNATURE

Wilson Stiles
(President or Vice-President)

DATE

12-30-98

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

[Signature]
(Registered Agent)

FILING FEE: \$35.00

DATE

1-8-99