

P93000083162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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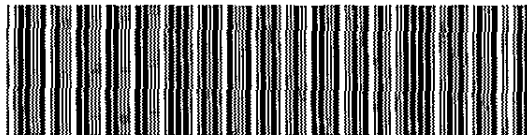
(Business Entity Name)

(Document Number)

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161
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**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, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STEARNS AND KING, INC.
2. The principal office address: 500 ST. RD. 436 SUITE 2074
CASSELBERRY, FL 32707
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/29/93 Document number: P93000083162
EFFECTIVE 11/23/93
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

R. KEENAN
500 ST. RD. 436 SUITE 2074
CASSELBERRY, FL 32707

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John Englehardt
1524 E. Livingston St
(P.O. Box NOT acceptable)
Orlando, FL 32803

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, or the corporation has been notified in writing of the change.

[Signature]
(Signature of all officers or directors)

[Signature]
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

8/29/06
(Date)

If signing on behalf of an entity:

JOHN ENGLEHARDT
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR15045 (8/03)

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