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Steele & Hanson, P.A.

Attorneys At Law

150 West Flagler Street Miami, Florida 33130

Telephone: Facsimile:

305-379-7001

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July 23, 1998

Teresa Brown, Corporate Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Cortright Lifestyle Systems, Inc.

Document #P4000024654 Change of Registered Agent

Dear Ms. Brown:

We are enclosing the Statement of Change of Registered Office or Registered Agent form reflecting the change of Registered Agent from WLMC Registered Agents, Inc. to Clifford R. Steele, Esq., Steele & Hanson, P.A. We have also enclosed the required \$35.00 filing fee. If the enclosed meets with your approval, please process our application.

Should you have any questions, please do not hesitate to contact our office. Thank you.

Very truly yours,

Christiane De Soto Litigation Assistant

 $^{\rm cd}$ Enclosures

R.A. Change

Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 607.0502, 617.05 poration organized under the laws of the S	•	Florida Statutes, the
submits the follo	owing statement in order to change its reg	gistered office or registered o	agent, or both, in the
1. The name of t	the corporation is:CORTRIGHT_LIFE	STYLE SYSTEMS, INC.	
2. The mailing a	ddress of the corporation is: 2601	S. Bayshore Drive, Miar	mi, FL 33133
	poration/qualification: 3/31/94 address of the current registered agent an		P94000024654
	WIMC Registered Agents,	, Inc.	.0
•	777 BrickellAvenue – Su	ite 1200	SEC.
-	Miami, FL 33131		图》2
5. The name and	address of the new registered agent and o	effice: (P.O. Box Not Accept	Sales T
_	Clifford R. Steele, Esc	1 •	FLOR
·	Steele & Hanson, P.A.		28
-	150 West Flagler Street	- Ste. 2850	•
The street addres	s of its registered office and the street add i, will be identical.	lress of the business office of	its registered
	authorized by resolution duly adopted by board.		
$\leq (LLP)$	orter	1-23-98	
gignature of an office	er, chairman or vice chairman of the board)	(Date)	
	WILLIAM CORTRIGHT , Director, (Printed or typed name		· · ·
Having been nam hereby accept the comply with the p and I am familiar	ned as registered agent and to accept serv the appointment as registered agent and a provisions of all statutes relative to the pro- with and accept the obligation of my pos	ice of process for the above : gree to act in this capacity. I oper and complete performa sition as registered agent.	stated corporation, I further agree to nce of my duties,
(Sygnature of	Registered Agent)	7-20-58 (Date)	
If signing on beha	alf of an entity:		
	son, P.A. & GSR, well rinted Name)	President (Capacity)	
CR2E045(1/95)		FILIP	NG FEE: \$35.00

CR2E045(1/95)