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P94000066103

Our Fif#\$425/14932

December 5, 1997

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

600002365956--2 -12/08/97--01131--016 *****35.00 *****35.00

RE:

DiIorio Appraisals & Consultant Inc.

Document No. P94000066103

Dear Sir or Madam:

Enclosed for filing for the above corporation are the following documents:

1. Statement of Change of Registered Office or Registered Agent together with our check in the amount of \$35.00.

2. Affidavit of Resignation of Officer and Director together with our check in the amount of \$35.00.

Very truly yours,

HARPER, KYNES, GELLER,

WATSON & BUFORD, P.A.

SHERI L. FLETCHER

Legal Assistant

Enclosures

CC

Dilorio Appraisals & Consultants, Inc.

R.A. Charge

12-15-97

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR 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: Dilorio Appraisals & Consultants, Inc. 1a. Date of incorporation ___9/2/94 Document number P94000066103 2. The name and address of the current registered agent and office: Clemente Dilorio 8147 S.R. 52 Hudson, FL 34667 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Barbara Dilorio 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 (name and litle) Barbara Dilorio, Pres. DATE 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE Registered Agent) Barbara Dilorio

DATE

CR2E045 (7-90)

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

FILING FEE: \$35.00