

--- Name

P. O. Box 95
Day, Florida 32013
(904) 294-3914

City Bureau.

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-03/13/01--01037--004
*****35.00 *****35.00

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 12 AM 11:13

CR2E031(7/97)

**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, 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 : Armadillo Construction, Inc.

2. The mailing address of the corporation : P.O. Box 35 Day, Florida 32013

3. Date of incorporation/qualification: 01/24/95 Document number: P95000009229

4. The name and address of the current registered agent and office:

Deborah L. Howard

South Highway 53

Day, Florida 32013

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

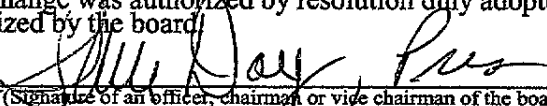
Sam Day

South Highway 53

Day, FLorida 32013

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


(Signature of an officer, chairman or vice chairman of the board)

3-9-01
(Date)

Sam Day, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.


(Signature of Registered Agent)

3-9-01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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