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CORPORATION NAME(S)	& DOCTIMENT STRATES	TO ACT AND ACT
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NEW FILINGS		
	Profit	
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	Domestication	
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Amendment
 Resignation of R.A., Officer/ Director
Change of Registered Agent
 Dissolution/Withdrawal
Merger

OTHER FILINGS
 Annual Report
 Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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SECRETARY OF SIAIL

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Certificate of Status

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, the undersigned corporation organized under the submits the following statement in order to change its both, in the State of Florida.	607.1508, or 617.1508, Florida Statutes, laws of the State of Floride registered agent, or			
1a. The name of the corporation is: Rusalyn Rae TAII P.A.				
1b. The mailing address of the corporation is : $\frac{810}{\text{Le}\Omega}$	Alvarado Pl . Lake F1. 32159US			
1c. Date of incorporation: 5/26/1995 Document 1995 Document registered age Rosey Rae Tall 810 Alvara & Pl La D. Lake, Fl 3 3. The name and address of the new registered agent and address of the new registered agent are	ment number: 59=3325694 nt and office: β. β. 2159 US			
- Rosalya Rae TAI	<u>1, P.A.</u>			
The street address of its registered office and the street agent, as changed, will be identical.	2159 US eet address of the business office of its			
Such change was authorized by resolution duly adopted so authorized by the board. Joseph Chairman or Vice Chairman of the board	by its board of directors or by an officer (Date)			
(Printed or typed name and title) Having been named as registered agent and to accept corporation, Thereby accept the appointmentas register I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and registered agent.	t service of process for the above stated ed agentand agree to actin this capacity. tutes relative to the proper and complete I accept the obligation of my position as			
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)			
(Tyned or Printed Name)	(Capacity)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$35.00