P9500044338

MERCAM INC.

239 Duncan Hill Rd. Duncan Hill Commerce Center Hendersonville, NC 28792

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS		AMENDMENTS				
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CR2E031(7/97)

Examiner's Initials

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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: 1. The name of the corporation:
submits the following statement in order to change its registered of Flori de
the State of Florida.
1. The name of the corporation: Mercan Inc.
- Carlotte and the second and the se
2. The mailing address of the corporation: 339 Duncan Hill Rd
Hendersonville, nc 28792 Posts
3. Date of incorporation/qualification: 5/24/1995 Document number: R950000 44338
4. The name and address of the current registered agent and office:
Jack H. Rose
25764 Carnation Ct
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Sandy Forman
30 14+v street
Vero Beach, 7L 32960
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.
Tele 6. March 7/24/01
(Signature of an officer, chairman or vice chairman of the board) Date)
Peter C. Smith C.E.O. (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 auties, and I am familiar with and accept the obligation of my position as
registered agent.
(Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2F045(9/00)