

# P95000048064

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222

FILED  
97 SEP 30 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Total Recovery of  
South Florida,  
Inc.

200002307952--6  
-09/30/97--01063--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Name	10/1/97
Address	DOH
City	DOH
State	DOH
Zip	DOH
Ver. No.	DOH
Ver. Date	DOH
Ver. By	DOH
Ver. For	DOH

Signature

Requested by:

Name W.C. Date 9/30 Time 1:00

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

_____	Art of Inc. File
_____	LTD Partnership File <u>RA</u>
_____	Foreign Corp. File <u>change</u>
_____	L.C. File
_____	Fictitious Name File
_____	Name Reservation
_____	Merger File
_____	Art. of Amend. File
<input checked="" type="checkbox"/>	RA <del>DOH</del> <u>Acceptance</u>
_____	Dissolution / Withdrawal
_____	Annual Report / Reinstatement
_____	Cert. Copy
_____	Photo Copy
_____	Certificate of Good Standing
_____	Certificate of Status
_____	Certificate of Fictitious Name
_____	Corp Record Search
_____	Officer Search
_____	Fictitious Search
_____	Fictitious Owner Search
_____	Vehicle Search
_____	Driving Record
_____	UCC 1 or 3 File
_____	UCC 11 Search
_____	UCC 11 Retrieval
_____	Courier

RECEIVED  
97 SEP 30 PM 1:14  
DIVISION OF CORPORATION

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, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: TOTAL Recovery of SO FIA INC

1b. The mailing address of the corporation is: 5722 S. Flamingo Rd.  
#274, Cooper City, FL. 33330

1c. Date of incorporation: 6/20/95 Document number: 295000048064

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

N/A

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Capital Connection  
1417 E. Virginia St.  
Tallahassee, FL. 32301

FILED  
97 SEP 30 PM 2:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

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

9/24/97  
(Date)

Houis Gustetic Pres  
(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]  
(Signature of Registered Agent)

9/30/97  
(Date)

If signing on behalf of an entity:

Weimar Lopez  
(Typed or Printed Name)

Registered Agent Coordinator  
(Capacity)

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