

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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17 22 PM 2: 52

Account Name : STRAWN & MONAGHAN, P.A.

Account Number : 076215000176 Phone : (561)278-9400

Fax Number : (561)278-9462

REGISTERED AGENT CHANGE

PEOPLE DEVELOPMENT INCORPORATED

| Certificate of Status | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.15 d corporation organized under the laws of the State of Florida | 08, Florida Statutes, | |
|---|--|---|--|
| submits the foll | llowing statement in order to change its registered office or registe | red agent, or both, in | |
| | | | |
| | address of the corporation: 1075 Hibiscus Lane, each, FL 33444 | | |
| 3. Date of inco | orporation/qualification: 07/27/1995 Document number | #P95000058016 | |
| 4. The name an | nd address of the current registered agent and office: | 4 | |
| | Stephen E. Garber | 是三 | |
| | 1075 Hibiscus Lane | 77 7 | |
| • | Delray Beach, FL 33444 | SS | |
| 5. The name an | nd address of the new registered agent (if changed) and/or registered (P. O. Box Not Acceptable) | office (if changed) | |
| | Jeffrey L. Cohen | 017 2 | |
| | 54 N.E. Fourth Avenue | Qm P | |
| | Delray Beach, FL 33483 | • • | |
| | ress of its registered office and the street address of the business o | | |
| Such change wanthorized by t | | | |
| (Signatura | of an officer, chairman or vice chairman of the board) | = <u>22-01</u> (Date) | |
| Stephen E. | . Garber, President | | |
| <u> </u> | (Printed or typed name and title) | | |
| Having been n corporation, I I further agree performance o registered age | named as registered agent and to accept service of process for the thereby accept the appointment as registered agent and agree to a e to comply with the provisions of all statutes relative to the prope of my duties, and I am familiar with and accept the obligation of ment, | above stated ict in this capacity. r and complete iy position as | |
| | 5-22 | 01 | |
| Ieffrey I. | (Signature of Registered Agent) (Date) Cohen talf of an entity. | | |
| | (Typed or Printed Name) (Capacity) |) | |
| * * * FILING FEE: \$35.00 * * * | | | |
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P.O. Box 6327

TALLAGASSEE, FL 32314

DIVISION OF CORPORATIONS