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Profit	Amendment		-08/2 *****	0795-01091-013
NonProfit	Resignation of R.A.,	Officer/Director	an	*35.00 *****35.00
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OTHER FILINGS Annual Report	REGISTRAT QUALIFICA	ION/	SECRETARY OF STATE TALLAHASSEE, FLORIDA	A
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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 is: 2. The mailing address of the corporation is:_ 000066855 3. Date of incorporation/qualification: _______ Document number: 4. The name and address of the current registered agent and office: Rodger J. Friedline. Esa #4 4811 Atlantic Blvd. Jacksonville, 32207 FL5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) RODGER J. FRIEDLINE, ESQ. Attorney at Law 1756 University Blvd. South Jacksonville, FL 3221**6** 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. e chairman of the board) nted or typed name and 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)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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