

FILED '00 SEP 21 PM 5: 00

ACCOUNT NO.

072100000032

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REFERENCE

835589

COST LIMIT

\$ 35.00

ORDER DATE: September 19, 2000

ORDER TIME : 3:44 PM

ORDER NO. : 835589

CUSTOMER NO: 7223085

300003401403

CUSTOMER: Mr. Trent Jones

Accelerated Benefits 105 E. Robinson Street

Orlando, FL 32801

CHANGE OF AGENT

NAME:

ACCELERATED BENEFITS

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

OO SEP 21 PM 4: 44
DIVISION OF CORPORATION

G COULLIETTE SEP 2 1 2000

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

ersuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
e undersigned corporation organized under the laws of the State of FLORIDA	I
bmits the following statement in order to change its registered office or registered agent, or both, in	
e State of Florida.	
The name of the corporation is: ACCELERATED BENEFITS CORPORATION	÷
	:
The mailing address of the corporation is:	- ,- ··
105 EAST ROBINSON STREET, SUITE 222, ORLANDO, FLORIDA 32801	
Date of incorporation/qualification: 09/25/1995 Document number: P95000073786	
The name and address of the current registered agent and office:	
JESS LAMONDA	-
105 EAST ROBINSON STREET, SUITE 222	
ORLANDO, FLORIDA 32801	
The name and address of the new registered agent and office: (P. O. Box Not Acceptable	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
ne street address of its registered office and the street address of the business office of its registered	
ent\as changed, will be identical.	•
ich change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.	
9-13-200	
(Signature of an officer, chairman or vice chairman of the boar (Date)	
SS LAMONDA, PRESIDENT (Printed or typed name and title)	
aving been named as registered agent and to accept service of _rocess for the above stated or poration, I hereby accept the appointment as registered agen; and agree to act in this capacity. Further agree to comply with the provisions of all statutes relat; e to the proper and complete or proper and complete or formance of my duties, and I am familiar with and accept the obligation of my position as	
gistered agent. (1) Elevah W. Skipper 9-21-00	
(Signature of Registered Agent) (Date)	* -= =
signing on behalf of an entity: Deborah D. Skipper	
as its agent	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

P. O. Box 6327

TALLAHASSEE, FL 32314

CR2EO45(7/97)

DIVISION OF CORPORATIONS