

Document Number Only

P95000080203

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

800002236098--8

-07/11/97--01085--009

*****35.00 *****35.00

National Explosives and Travellers Health Care, Inc.

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merge

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other ucc Filing

☒ Change of R.A.

☐ Fic. Name

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R.A. C...

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JUL 11 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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JUL 11 AM 11:58
DIVISION OF CORPORATIONS

Florida Department of State; Jim Smith, 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
_____ 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: NATIONAL EXPLORERS AND TRAVELERS

HEALTH CARE, INC.

1b. Date of incorporation October 18, 1995 Document number PS000080203

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

Charlotte Kaback, 5432 N.W. 1st Ave., Ft. Lauderdale, FL 33309

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

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent 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.


June 30, 1997
DATE

Aldo Rodriguez, Chief Financial Officer
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, 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 COM-
PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

C T CORPORATION SYSTEM
SIGNATURE BY: 7-897
(Registered Agent)
DATE Barbara A. Burke

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