N. DIANE HOLMES, P. A.

ATTORNEY AT LAW 801 N. MAGNOLIA AVENUE, SUITE 409 ORLANDO, FLORIDA 32803

December 31, 1996

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 50002046038--4 -01/03/97--01181--005 ******35.00 ******35.00

RE: Solomonson & Associates, Inc.

Dear Sir/Madam:

Per a telephone call to you by my office on December 24, 1996, enclosed is my operating account check no. 0395 in the amount of \$35.00 for the transfer of registered agent from Corporation Service Company to N. Diane Holmes, P.A..

Thank you for your attention to this matter and if anything further is required of me please call. I remain

Very truly yours,

DICTATED BUT NOT READ, MAILED IN MY ABSENCE TO AVOID DELAY

N. Diane Holmes

nm

Enclosures

cc: Mr. James Solomonson Corporation Services Company 97 JAN -3 AM 8: 54
SECRETARY OF STATE
AFFORMASSEE FLORIDA

14 John Richard

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 Florida 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:Solomonson & Z | Associates, Inc. | |
|--|--|--|
| 1b. The mailing address of the corporation is: 4035 | | |
| Orla | ndo, Florida 3281 | 2 |
| 1c. Date of incorporation: October 23, 1995 Docu | ment number: P9500 | 0081315 |
| 2. The name and address of the current registered age | | |
| Corporation Service Compan | | 97 SE TAL |
| 1201 Hays Street | | 7 JAI ECRE |
| Tallahassee, FL 32301 | | HAS |
| 3. The name and address of the new registered agent an | | ceptable) 😤 📆 |
| N. Diane Holmes, P. A. | | 8: 54 SIAIL SIAIL |
| 801 N. Magnolia Avenue | e, Suite 409 | VOII IL |
| Orlando, Florida 32803 | | |
| The street address of its registered office and the streegistered agent, as changed, will be identical. | | ness office of its |
| Such change was authorized by resolution duly adopted | | |
| X enan A Saborer | (Date) | 20-96 |
| (Signature of an officer, chairman or vice chairman of the board) | (Date) | |
| Susan A. Solomonson, President | | |
| (Printed or typed name and title) | t consider of process for | the shows stated |
| Having been named as registered agent and to accept corporation, thereby accept the appointment as register if further agree to comply with the provisions of all staperformance of my duties, and ham familiar with and registered agent. | t service of process for red agent and agree to a tutes relative to the pro i accept the obligation | ctin this capacity. per and complete of my position as |
| | 12,20. | 96 |
| (Signature of Registered Agent) | (Date) | |
| If signing on behalf of an entity: | | |
| N. Diane Holmes | President | <u>-</u> |
| (Typed or Printed Name) | (Capacity) | |
| Division of Corporations, P.O. Box 632 | 7, Tallahassee, FL 32 | 314 |

199BILING FEE: \$35.00