

Division of Corporations

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number: (850) 205-0380

From: Account Name: WELTON & WILLIAMSON P.A.
Account Number: 119990000108
Phone: (850) 682-2120
Fax Number: (850) 689-0706

SECRETARY OF STATE
KATHERINE HARRIS
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

STERLING PUBLICATIONS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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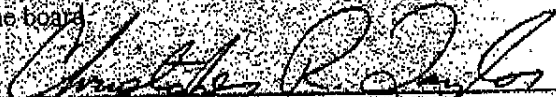
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1308, or 617.1308, 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: **STERLING PUBLICATIONS, INC.**
2. The mailing address of the corporation: **P.O. BOX 1854, DESTIN, FL 32540**
3. Date of incorporation/qualification: **12/21/95** Document number: **P95000096636**
4. The name and address of the current registered agent and office: **John B. Townsend, P.A.
142 Eglon Parkway, S.E.
Ft. Walton Beach, FL 32548**
5. The name and address of the new registered agent and registered office: **A. Wayne Williamson
Welton & Williamson, P.A.
1020 Fendon Blvd. South
Crestview, FL 32536**

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.

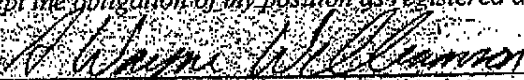


(Signature of an officer, chairman or vice chairman of the board)

8/13/01
(Date)

Christopher R. Taylor, President
(Printed or Typed name and title)

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)

8/15/01
(Date)

If signing on behalf of an entity

A. Wayne Williamson, Esquire
(Typed or Printed Name)

Secretary / Treasurer
(Capacity)

FILING FEE: \$35.00

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

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