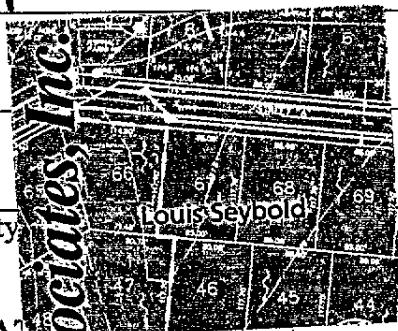


P9600000652



City

Louis Seybold

800002336968-1
-10/24/97-01109-002
****175.00 ****35.00

Office Use Only

CORPORATE

IDENT NUMBER(S), (if known):

1. _____
2. _____
3. _____
4. _____

P.O. Box 508
Winter Park, FL 32790
407.294.1000 Tel
407.257.8855 Mobile
407.298.2010 Fax

(Document #)

(Document #)

(Document #)

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 OCT 24 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rocky
10/28

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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: SEMORAN/GATLIN CORP.

2. The mailing address of the corporation is: P.O. BOX 508 WINTER PARK FL 32790

3. Date of incorporation/qualification: JANUARY 3, 1996 Document number: P96000000652

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

LOUIS R. SEYBOLD
545 DELANEY AVE, BLDG. 6
ORLANDO FL 32801

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

LOUIS R. SEYBOLD
200 S. ORANGE AVE., SUITE 1900
ORLANDO, FL 32801

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97 OCT 24 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

10-16-97
(Date)

LOUIS R. SEYBOLD, PRES.
(Printed or typed name and title)

10-16-97
(Date)

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)

10-16-97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

PRES.
(Capacity)