Address  Popka, flu.  City/State/Zip	1/ee t is 32703 Phone #	) <b>39</b> /	Only
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):			
1. (Corporation Name	e) (Doce	300 ument #)	0020326630 <del>12/18/96-</del> 01079012 ******35.00 *****35.00
2. (Corporation Name) (Document #)			
(Corporation Name) (Document #)			
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NEW FILINGS AN	MENDMENTS		
Profit Am	endment		
NonProfit Res	signation of R.A., Officer/Directo	or	
Limited Liability Cha	ange of Registered Agent		
Domestication Dis	ssolution/Withdrawal		
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OTHER FILINGS	REGISTRATION/ QUALIFICATION		0 1
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CR2E031(1/95)

Charter No. P96000002916

Date Filed: January 9, 1996

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT



Pursuant to the Provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undereigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

- 1. The name of the corporation is: C.F.A. PROPERTIES, INC.
- 2. The name and address of its present registered agent is:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, Florida 32301

3. The <u>name and street address</u> to which its registered agent is to be changed is:

WILLIAM J. McLEOD 48 EAST MAIN STREET APOPKA, FL 32703

- The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
- Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

George A. Arab. President

Typed or printed name and title)

Signature Honge A. Anab. President

(President or Vice President)

Date 11/27/76

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 COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name William J. McLeod

Date //- / 9- % (Age

**FILING FEE \$35**