## 196000003539

(Requestor's Name)		
FRANK PLACE ASSOCIATES, INC. 1301 N.E. 14 <sup>TH</sup> ST. SUITE 11 OCALA, FL. 34470		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
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02/05/08--01006--011 \*\*35.00

J. 2/7m

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u> to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: FRANK PLACE ASSOCIATES, INC.
2. The principal of	office address: 1301 NE 14 <sup>Th</sup> STREET  OCALA, FL 34470
	OCALA, FL 34470
	ldress (if different):
4. Date of incorpo	oration/qualification: 1/22/1996 Document number: P 9600000 8589
	street address of the current registered agent and registered office on file with the
	FRANK M. PLACE JR.
•	and the second s
•	ASSET TO THE PARTY OF THE PARTY
6. The name and	street address of the new registered agent (if changed) and /or registered office
(if changed):	∞ <u>₽</u> _ ω
	11210 SW 13- CIRCLE
	11210 SW 73 CIRCLE  OCALA, FL 34476  (PO Box NOT acceptable)
	(I.O. DON ITO! deceptable)
The street address as changed will l	es of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Tran	FRANK M. PLACE JR. PRESIDENT (Printed or typed name and title)
I harahu accent t	the appointment as registered agent and agree to act in this capacity.  It comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Tr	ark m Place 1/4/08 nature of Registered Agent)  Date
If signing on beh	nalf of an entity:
FRANK F	PLACE ASSOCIATES INC.
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)