## 16000013187



ACCOUNT NO.

072100000032

REFERENCE

590030

7182187

AUTHORIZATION

COST LIMIT

ORDER DATE: February 15, 2000

ORDER TIME :

1:58 PM

ORDER NO. : 590030

CUSTOMER NO: 7182187

200003141932

CUSTOMER:

Mr. Robert Feingold

Top Driver Inc.

140 Sylvan Avenue 3rd Floor

Englewood Cliff, NJ 07632

## CHANGE OF AGENT

NAME:

AAMERICAN DRIVER IMPROVEMENT

SCHOOLS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

a COULLIETTE FEB 2 1 2000

CONTACT PERSON: Angie Glisar

## 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
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: AAMERICAN DRIVER IMPROVEMENT SCHOOLSTIC
2. The mailing address of the corporation is: 105 Albon VIEW CT
PONTE VEDIA BEACH, FL 32082
3. Date of incorporation/qualification: 2/8/96 Document number. P96 0000 13187
4. The name and address of the current registered agent and office:
KENNETH L. UNDERWOOD
PONTE VEDNA BEACH, FC 32082
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
COPPORATION SERVICE COMPANY 3
1201 HAYS STREET
TAU AHASSEE, FL 32301-2525
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.
(Streeture of the officies (Naisman of the board) (Date)
(Signature of an officer eliquiman or vice chairman of the board) (Date)
Robert A. Feingero, U.P.  (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) (Date)
If signing on behalf of an entity:
Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
E TITIA E TWO - \$7290
CR2E045(7/97)  DIVISION OF CORPORATIONS  P.O. HOX 6327  TALLAHASSEE, FL 32314