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97 FEB 24 PM 3:21  
TALLAHASSEE FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 269429

AUTHORIZATION : *Patricia Pygott* 9460A

COST LIMIT : \$ 35.00 *Una*

ORDER DATE : February 21, 1997

ORDER TIME : 3:42 PM

ORDER NO. : 269429

CUSTOMER NO: 9460A

CUSTOMER: Michael Halpren, Esq  
Michael Halpern, Esq

300002095443--1

209 Duval Street  
Key West, FL 33040

CHANGE OF AGENT

NAME: SHAR PEI DESIGN GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Michael E. Klunk

*Patricia Pygott*  
*2/24/97*  
*DC*

Charter No. \_\_\_\_\_

Date Filed March 11 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 under-  
signed 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: Shar Pei Design Group, Inc.

2. The name and address of its present registered agent is:

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, Florida 32301

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3. The name and street address to which its registered agent is to be changed is:  
(P.O. BOX NOT ACCEPTABLE)

Michael Halpern, P A/

209 Duval Street

Key West, Florida 33040

4. The street address of its registered office and the street address of the business office of its registered  
agent, as changed, are identical.

5. 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.

Michelle Keevan, President

(Typed or printed name and title)

Signature *Michelle Keevan*

(President or Vice President)

Date 1.22/97

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 FUR-  
THER 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 Michael Halpern P A

Signature *M Halpern*

(Agent)

Date 1/28/97