TRANSMITTAL LETTER

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Subject: Change of Registered Agent

*****35.00 *****35.00

Enclosed with this letter is information necessary to change the registered agent and registered agent address for The Wendell Group, Inc.

Your returned acknowledgment of the change will be greatly appreciated.

From: Keith W. Idlette 5804 Indian Pines Blvd. Fort Pierce, FL 34950

Daytime Phone 561-460-6325

R. A. Charge NFJ 4497 \$1055, 1065, 6724



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED 97 APR -2 AM 8:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 5, 1997

Keith W. Idlette 5804 Indian Pines Blvd. Ft. Pierce, FL 34950

SUBJECT: THE WENDELL GROUP, INC. Ref. Number: P96000033044

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6910.

Letter Number: 197A00011365

Louise Flemming-Jackson Corporate Specialist Supervisor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

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

Pursuant to the provisions of sections 607.0502, 617.050 undersigned corporation organized under the laws of the S		lorida Statutes, the
submits the following statement in order to change its reg State of Florida.		gent, or both, in the
1. The name of the corporation is:	I GROAP, INC.	
2. The mailing address of the corporation is: 5804 (Inst Litertly citables) - FORT	INDIAN PINUS BLY PIERCE, FL 3495	D.
 3. Date of incorporation/qualification: 04/01/96 4. The name and address of the current registered agent an 	Document number: ad office:	7 .0
LMRRY WOLFE		97 AF
200 - A JOHN LNOX ROAD		FILE PRINCE FILE FILE FILE FILE FILE FILE FILE FIL
TAMAHASSOS, FL 3230		Z A
5. The name and address of the new registered agent and of	office: (P.O. Box Not Accepta	AM 8: 03 E. F. STATE EE. FLORIDA bie
SOU INDIAN PINOS	Bus.	
FORT PIONES, FL 349	5/	
The street address of its registered office and the street adagent, as changed, will be identical.	dress of the business office of	its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by a	n officer so
(Signature of an officer, chairman or vice chairman of the board)	,	
Loith W. Tolette (Printed or typed name	e and title)	
Having been named as registered agent and to accept ser I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligation of my po	vice of process for the above s igree to act in this capacity. I roper and complete performan isition as registered agent.	stated corporation, further agree to nce of my duties,
(Signature of Registered Agent)	<u>@3/11/97</u> (Date)	
If signing on behalf of an entity:		
(Typed or Printed Name)	(Capacity)	
CR2E045(1/95)	FILING FEE: \$35.00	