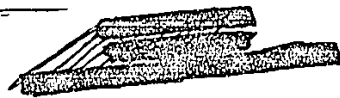


P96000042178

FILED  
96 DEC 16 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



J GAMARANO  
6895 VILAS DRIVE S.

City/S Boon Retn # 33433

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 300002030418--6  
-12/17/96--01056--018
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	AMENDMENTS
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Resignation of R.A., Officer/ Director
<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Domestication	<input type="checkbox"/> Dissolution/Withdrawal
<input type="checkbox"/> Other	<input type="checkbox"/> Merger

OTHER FILINGS
<input type="checkbox"/> Annual Report
<input type="checkbox"/> Fictitious Name
<input type="checkbox"/> Name Reservation

REGISTRATION/ QUALIFICATION
<input type="checkbox"/> Foreign
<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Trademark
<input type="checkbox"/> Other

RA Chg.

VS DEC 27 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

December 6, 1996

J. GAMARANO & ASSOCIATES, INC.  
6895 VILLAS DRIVE SOUTH  
BOCA RATON, FL 33433

SUBJECT: J. GAMARANO & ASSOCIATES, INC.  
Ref. Number: P96000042178

We have received your document for J. GAMARANO & ASSOCIATES, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 396A00054778

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, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA 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: J. GAMARANO & ASSOCIATES INC.

2. The mailing address of the corporation is: 6895 VILLAS DRIVE SOUTH, BOCA RATON  
FLORIDA 33433

3. Date of incorporation/qualification: MAY 16, 1996 Document number: P96000042578

4. The name and address of the current registered agent and office:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FLORIDA 32301

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

JOSEPH F. GAMARANO JR  
6895 VILLAS DRIVE SOUTH  
BOCA RATON FLORIDA 33433

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.

Joseph F. Gamarano Jr  
(Signature of an officer, chairman or vice chairman of the board)

11-15-96  
(Date)

JOSEPH F. GAMARANO JR PRESIDENT  
(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.

Joseph F. Gamarano Jr  
(Signature of Registered Agent)

11-15-96  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)