P96000058159

Requestor's Name

400 Airport Dr. West

Address

Se bastian, Fla. 32958

City/State/Zip Phone #

800002711338--2 -12/14/38--01059--009 *****35.00 ******35.00

Office Use Only

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

| 1 | (Conservation Marro) | (Document #) |
|------------|----------------------|--|
| | (Corporation Name) | (Document #) |
| 2 | (Corporation Name) | (Document #) |
| | (Corporation Ivalue) | (Document 1) |
| 3 | A | (Document #) |
| | (Corporation Name) | (Document #) |
| 4 | | |
| | (Corporation Name) | (Document #) |
| | — | |
| ☐ Walk in | Pick up time | Certified Copy |
| ☐ Mail out | ☐ Will wait | Photocopy |
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| NEW FILINGS | AMENDMENTS |
|-------------------|---------------------------------------|
| Profit | Amendment |
| NonProfit | Resignation of R.A., Officer/Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Dissolution/Withdrawal |
| Other | Метдет |

| OTHER FILINGS |
|------------------|
| Annual Report |
| Fictitious Name |
| Name Reservation |

| REGISTRATION/ QUALIFICATION |
|--------------------------------|
| Foreign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

98 DEC 14 AM 9: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 2 8 1998

Examiner's Initials



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: $MOYFOICAP+SVCIOCAP$ |
|--|
| 2. The mailing address of the corporation is: 400 Aiport Dr. West Sebastian, FL 32958 |
| 3. Date of incorporation/qualification: 7 10 96 Document number: P960005815 |
| 4. The name and address of the current registered agent and office: |
| 2. Signed 11/19/98 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Melinda McGee 1572 Holbrook Rd N.W. PAIM BAY FL 32907 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. |
| 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. |
| (Signature of an officer, chairman or vice chairman of the board) And (ew Gimwade - Inesident (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. |

* * * FILING FEE: \$35.00 * * *