Political Control of the Name of the Name

Frank C. Amatea

LAWYER

(352) 732-4740 FAX (352) 867-5111 500 n. e. eighth avenue OCALA, FLORIDA 34470

September_6, 2002

(Corporation Name) 3(Corporation Name)	(Document#) 90007505389—1 -09/09/0201078001
4(Corporation Name) Walk in Pick up time Mail out Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Directors Change of Registered Agent Dissolution/Withdrawal Merger Amendment SSE SS
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION FOR THE STATE OF
	Examiner's Initials

CR2E031(7/97)

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FLORIDA DEPARTMENT 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:

- la. The name of the corporation is: LYN-RHO VENTURES, INC.
- 1b. Date of incorporation: July 19, 1996
 Document number: P96000060968
- 2. The name and address of the current registered agent and office.

 John L. Lynch
 1534 S. E. 37th Avenue
 Ocala, FL 34471

The street address of its registered agent 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.

Kathy Kheden	Kathy	Rhoden				
SIGNATURE Q/2/02	Typed or		name	and	title	
DATE	===		- <u>-</u>	-		

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 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 Balky Phoden
(Registered Agent)
DATE9/3/02

FILING FEE IS \$35.00