5732 No Jacksonvi City/State/2	Office Use Only
1(Corpc	AME(S) & DOCUMENT NUMBER(S), (if known): ation Name) (Document #) ation Name) (Document #)
3(Corpo	ation Name) (Document #) ARC CART Attorn Name) (Document #) ARC CART A
·	Pick up time Certified Copy S S S S S S S S S S S S S S S S S S S
Profit	Amendment Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Pagistered Agent
Domestication	Dissolution/Withdrawal
Other	Merger 2
OTHER FILINGS Annual Report Fictitious Name Name Reservation	Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark
	Other

CR2E031(1/95)

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

			1508, or 617.1508, Florida Statutes, the	
	orporation organized under			
		change its registered	office or registered agent, or both, in the	
State of Floria	la.	· Ja Wasa	Tuesday	
1. The name o	of the corporation is: K	ing dom VISION	TVCQUPRES 460	
				
2. The mailing	g address of the corporation	is: <u>5732 Nof</u>	rmandy Blud Suite 6	
		Jacksonulle	e, FL 32205	
3. Date of inc	corporation/qualification: 5		Document number: <u>P960000 61960</u>	
4. The name a	and address of the current reg	gistered agent and office	e;	
	Mr. José	Oce ão		
		Avenue #25 S	98 - YEE	٠
	1.1			
	Jac KSONUI 1	e, FL 32210	A S S S S S S S S S S S S S S S S S S S	
5. The name a	and address of the new regist	_	P. O. Box Not Acceptable)	
	Ms. Cynt	hia Petty		
	1905 Haro	lee Street	DRIDE 2	
	Jacksonvil	le, FL 322	09	
The street adagent, as char			s of the business office of its registered	
Such change authorized by	was authorized by resolution the board.	on duly adopted by its	board of directors or by an officer so	
	affect		Dec 29, 1998	
(Signati	ure of an officer, chairman or vice	chairman of the board)	(Date)	
	Cynthia Petty (Printed or typed same as	President & Treus	DREB.	
Having been corporation, I further agre performance registered ag	named as registered agent I hereby accept the appoin ee to comply with the provi of my duties, and I am fam	and to accept service	of process for the above stated gent and agree to act in this capacity. lative to the proper and complete the obligation of my position as	
	Conflict .		Dec 29, 1998	
	(Signature of Registered Agent)		(Date)	
If signing on be	ehalf of an entity:			
, , , , , , , , , , , , , , , , , , , ,	(Typed or Printed Name)		(Capacity)	
	* * *)	FILING FEE: \$35.00) * * *	
CR2E045(7/97)				
• •	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 32314	