

City/State/	City/State/Zip Phone # Office Use Only		
CORPORATION	NAME(S) & DOCUMENT NU	MBER(S), (if known):	
1(Corp	oration Name)	Document #)	
2(Сог	oration Name) (Document #)	
_		Document#)	
4		Document #)	
□ Walk in	Pick up time	-	DIVISION OF SEP
Mail out NEW FILINGS	■ Will wait ■ Photocopy AMENDMENTS	Certificate of Status	OF CORP
Profit Profit	Amendment		OKPOKÁTIO AMII: 50
NonProfit	Resignation of R.A., Officer/Di	rector	OHS OHS
Limited Liability	Change of Registered Agent	130-97	
Domestication	Dissolution/Withdrawal		
Other	Merger	3000023045 -09/26/9701	543
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	*****35 . 00	145UDS *****35
Fictitious Name	Foreign		
Name Reservation	Limited Partnership	, ,	
	Reinstatement		
	Trademark		
	Other		

Examiner's Initials

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

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

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

	provisions of sections 607.0502, corporation organized under the l	617.0502, 607.1508, or 617.1508, Florida laws of the State of	Statute:	S,
submits the follo the State of Flor	owing statement in order to change	e its registered office or registered agent, or	r both, i	in
1. The name of	uic corporation is.			
2. The mailing a	address of the corporation is:	27090 37th Road, Branford, Flor	rida 32	2008
3. Date of incom	poration/qualification: Septemb	per 6, 1996 Document number: P96000	0074293	3
4. The name and	d address of the current registered a	agent and office:		
	Capital Connection, Inc			<u>D</u>
•	417 E. Virginia St. #01	•	97 SE	VISION VISION
•	Tallahassee, FL 32301		P 26	SE SE
5. The name and	d address of the new registered age Archie W. Gaylard	nt and office: (P. O. Box Not Acceptable)	5 AM II : 50	RY OF S
•	27090 37th Road		50	ÃÃ LEÂ
•	Branford, Florida 32008	}	ĩ	JÄ.
The street addreagent, as chang	ess of its registered office and the sed, will be identical.	street address of the business office of its re	gistered	đ
X also	as authorized by resolution duly ache board. Sub Washington of the original original original or the original origin	dopted by its board of directors or by an off	icer so 	1
	Archie W. Gaylard, Pres	Sident Sept 25.1	997	
	(Printed or typed name and title)	(Date)		
Having been no corporation, I l further agree performance of registered agen	hereby accept the appointment as I to comply with the provisions of a f my duties, and I am familiar with	ccept service of process for the above stated registered agent and agree to act in this ca ill statutes relative to the proper and compl a and accept the obligation of my position a	l pacity. ete s	
Xarch	Signature of Registered Agen)	Sept 25, 199	7	
If signing on beha	lf of an entity:			
	Typed or Printed Name)	(Capacity)		