Post Office Box 1864 Cit Lakeland, Florida 33802

Office Use Only

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

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NEW FILINGS	<u>AMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger		
OTHER FILINGS	REGISTRATION/QU	JALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnershi Reinstatement Trademark Other	P RA address. V. SHEPARD JUL Evaminer's Initials	2. Chg.

CR2E031(7/97)

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
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: Change Craft Corporation
2. The mailing address of the corporation: PO BOX 1279
3. Date of incorporation/qualification: 10/4/1996 Document number: P960000 \$327
4. The name and address of the current registered agent and office:
Kellou Scholer
3322 Kilmer Ocivie
1 u/8/02 C/ 33403
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Kelley Scholer
8222' Spruce Lane
Lakeland, Pl 33809
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
(Signature of an officer, chairman of vice chairman of the board) (Date)
Kelley 6. Schuler Presiden (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.
Feller C. Schele 6-19-01
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)