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SHUMAKER, LOOP & KENDRICK, LLP

ATTORNEYS AT LAW

ERNEST J. MARQUART (813) 227-2241 emarquart@sik-law.com BANK OF AMERICA PLAZA, SUTTE 2800 101 EAST KENNEDY BOULEVARD TAMPA, FLORIDA 33602 (813) 229-7600 FAX (813) 229-1660 OTHER OFFICES: CHARLOTTE, NC COLOMBUS, OH TOLEDO, OH

MAILING ADDRESS: POST OFFICE BOX 172609 TAMPA, FLORIDA 33672-0609

June 30, 2004

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

802 E. Whiting Street, Inc. Document No. P96000083790 Our File No. E44644/089968

Dear Sir or Madam:

Enclosed please find the following:

- 1. Transmittal Letter;
- 2. Statement of Change of Registered Agent for Corporation; and
- 3. A check in the amount of \$35.00.

Thank you in advance for your prompt and professional attention to this matter. Please feel free to contact me with any questions or concerns.

Very truly yours,

Ernest J. Marquart

EJM/md Enclosures

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		-
SUBJ	ECT: 802 East Whiting Street, Inc.	(Name of corporation)	
		(min or output min,	
DOCI	MENT NUMBER: P96000083790		
The er	closed Statement of Change of Regis	tered Office/Agent and fee ar	re submitted for filing.
Please	return all correspondence concerning	this matter to the following:	
		Ernest J. Marquart	
	-	(Name of person)	
	Sh	umaker, Loop & Kendrick, Lt	.P
		(Name of firm/company)	
_	101 E	ast Kennedy Boulevard, Suit (Address)	e 2800
		Tampa, Florida 33602	
		(City/state and zip code)	
For fu	ther information concerning this mate	ter, please call:	
	Ernest J. Marquart (Name of person)	at (8	13) 229-7600 Area code & daytime telephone number)
Enclos	ed is a \$35.00 check made payable to	the Department of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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, Flori		statement of
_	itted for a corporation organized under the laws of the State ofFloric	la	in orde
to change its reg	gistered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: 802 East Whiting Street, Inc.		
2. The principal	office address: 802 East Whiting Street, Tampa, Florida 33602		-
· · · · · · · · · · · · · · · · · · ·			
3. The mailing a	address (if different): SAME		
4. Date of incorp	poration/qualification: 10/10/96 Document number: P96	000083790	
	if street address of the current registered agent and registered office on file atment of State:	with the	
	Ernest J. Marquart		
	101 East Kennedy Boulevard, Suite 2800	i	
	Tampa, Florida 33602	ALL	2 J
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered	office AHASSSF	FILED
	Gary Holtzman		
	802 East Whiting Street	95 F	ြို့ ငယ္
	(P.O. Box or personal mailbox NOT acceptable)		A 10
	Tampa, Florida 33602		
The street addr.	ess of its registered office and the street address of the business office of the first of the business office of the street address of the business office of the business of	of its registered	agent, as
Such change with the board, or the	as authorized by resolution duly adopted by its board of directors or by experimental properties of the change.	an officer so at	ithorized by
		man, President	
I haveby accept I further agrice auties, and I am being filed mer been notified in	(Printed or to the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and a familiar with and accept the obligation of my position as registered a clipio reflect a change in the registered office address, I hereby confirm friting of this change.		
M	Signature of Registered Agent)	(Date)	4
If signing on be	half of an entity:	_	
-1-	(Typed or Printed Nanke)	(Capacity)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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