P96000089437

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******35.00 *****35.00

June 16, 1999

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Division of Corporations Corporate Records PO Box 6327 Tallahassee, FL 32314

Re: Accounting Plus Incorporated

Dear Sir:

Please file the enclosed change of registered agent. Enclosed is the \$35.00 filing fee.

Very truly yours

STUART J. HAFT

SJH/na Enclosure

FILED

99 JUN 23 PM 6: 35

SECRETARY OF STATE
SECRETARY OF STATE

R.A. Charge 35 HT 6-25-99

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. 1. The name of the corporation is: Accounting Plus Incorporated
2. The mailing address of the corporation is: 576 Anchorage Drive, North Palm Beach, Florida 33408
3. Date of incorporation/qualification: 10/30/96 Document number: P96000089437
4. The name and address of the current registered agent and office:
James O. McKenna
860 U.S. Highway One, Suite 108
North Palm Beach, FL 33408 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Stuart J. Haft. Esq.
Alley, Maass, Rogers & Lindsay 321 Royal Poinciana Plaza, South
Palm Beach, Florida 33408
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 authorized by the board. Warlyn Gignature of an officer, chairman or vice chairman of the board) (Date)
(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. (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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