

P96000102699

Philip Goodheim
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January 31, 1997

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, FL 32314

100002076631---6
-02/04/97--01028--020
*****35.00 *****35.00

RE: CTAS CORP.
ARTICLES FILED: 12/20/96
DOCUMENT #: B96000102699

Dear Sir:

Enclosed is Statement of Change of Registered Office and Registered Agent,
together with check in the amount of \$35.00.

Sincerely,

Philip Goodheim
PHILIP GOODHEIM

PG:DJ
Enclosures

SH 2/3
RA Ch.

FILED
97 FEB -3 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHARTER NO.: B96000102699

DATE FILED: 12/20/96

**STATEMENT OF CHANGE OF REGISTERED
OFFICE AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: **CTAS CORP.**
2. The name and address of its present registered agent is:

PHILIP GOODHEIM
701 South 21st Avenue
Hollywood, FL 33020

3. The name and street address to which its registered agent is to be changed is:
(P.O. Box not acceptable)

BEN BERMAN
C/O PAINT FACTORY
435 South State Road 7
Hollywood, Florida 33023

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

BEN BERMAN

(TYPED OR PRINTED NAME AND TITLE)

Signature: 

(PRESIDENT OR VICE-PRESIDENT)

Date: 1/27/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please print/Type Name: BEN BERMAN

Signature: 

(Agent)

Date: 1/27/97

FILING FEE: \$35.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA