Florida Department of State

Division of Corporations Public Access System

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: FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL & BANKER, P.A

(813)228-7411 Fax Number (813)228-9401

REGISTERED AGENT CHANGE

NUNAMAKER INDUSTRIES, INC.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.15		
the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered of	fice or registered agent, or both, in	
the State of Florida.		
1. The name of the corporation is: NUNAMAKER INDUSTRIES, INC.		
2. The mailing address of the corporation is: 14076 63RD WAY N, C	LEARWATER, PLORIDA 33760	
3. Date of incorporation/qualification: 12/24/96 (EFF 1/2/97) Do	ocument number: P96000103630	
4. The name and address of the current registered agent and office:	. Mr. 444	
ROBERT L. SHEAR	TAE 8	
2790 SUNSET POINT ROAD	O. Box Not Acceptable P. FLS	
CLEARWATER, FLORIDA 33759		
5. The name and address of the new registered agent and office: (P.	O. Box Not Acceptable A	
FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND I	BANKER, P.A.	
501 E. KENNEDY BLVD., SUITE 1700, TAMPA, FL		
ATTN: ROBERT L. OLSEN, ESQ.		
The street address of its registered office and the street address of agent, as changed, will be identical.	the business office of its registered	
Such change was authorized by resolution duly adopted by its boa authorized by the board.	ard of directors or by an officer so	
()	3/8/2000	
(Signature of an officer, chairman of vice chairman of the board)	(Date)	
PAUL DRAGOONIS, PRESIDENT	<u> </u>	
(Printed or typed name and title) Having been named as registered agent and to accept service of pro corporation, I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the oble registered agent.	cess for the above stated d agree to act in this capacity. to the proper and complete ligation of my position as	
By: Junio 2 al	3/8/2000	
(Signature of Registered Agent)	(Datc)	
If signing on behalf of an entity:		
ROBERT L. OLSEN, ESQ. FOR THE FIRM (Typed or Printed Name)	(Capacity)	
	• •	
* * * FILING FEE: \$35.00 * * *		
CR2EO45(7/97) DIVISION OF CORPORATIONS P. O. BOX 6327	TALLAHASSEE FL 32314	

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