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SMITH CLARK DELESIE BIERLEY MUELLER & KADYK

ATTORNEYS	&	COUNSELORS	AT	LAW
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NEW FILINGS.	AMENDMEN	<u></u>		
Profit	Amendment			
NonProfit	Resignation of R.A	., Officer/ Director	-	
Limited Liability	Change of Register	ed Agent	500002	23722 <b>45</b> - 5 <u>/</u> 97010760
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Other	Merger	$-V_{h}$		
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Annual Report	Foreign		+ ,	140
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	Other		(m. 13)	

Examiner's Initials

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 60 the undersigned corporation organized under the submits the following statement in order to change its reboth, in the State of Florida.	07.1508, or 617.1508, Florida Statutes, laws of the State of FLORIDA egistered agent, or
1a. The name of the corporation is: DOSATRON, INCORPO	DRATED
1b. The mailing address of the corporation is: 100 N. T. TAMPA, FL 33602	AMPA ST., SU. 2120
1c. Date of incorporation: DECEMBER 19, 1996 Docum	ent number:P9700000148_
2. The name and address of the current registered agent	and office:
JOHN-C. BIERLEY	
111 E. MADISON ST., SH. 2300	-
TAMPA, FL 33602	<del></del>
3. The name and address of the new registered agent and	office:(P.O. Box Not Acceptable)
JOHN C BIERLEY	
100 N. TAMPA ST., SU. 2120	
TAMPA, FL 33602	
The street address of its registered office and the street registered agent, as changed, will be identical.	t address of the business office of its
Such change was authorized by resolution duly adopted by	y its board of directors or by an officer
so authorized by the board.	11/19/97
(Signature of an officer chairman or vice chairman of sia board)	(Date)
EDWARD_D_KELLY_PRESIDENT	- -
(Printed or typed name and title)	on the of process for the above States
Having been named as registered agent and to accept a corporation, I hereby accept the appointmentas registered I further agree to comply with the provisions of all status performance of my duties, and I am familiar with and a registered agent.	agent and agree to actin this capacity tes relative to the proper and complete ccept the obligation of my position as
(Signature of Registered Agents	11/19/97 (Date)
If signing on behalf of an entity:	;; ·
(Typed or Printed Name)	(Capacity)

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

CR2E045(11/94)