

P970000014297

(Requestor's Name)

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(City/State/Zip/Phone #)

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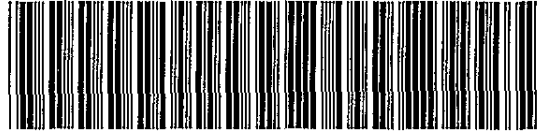
(Business Entity Name)

(Document Number)

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MORRIS A. LeCOMPTE

REPLY TO:
P.O. BOX 1300
ST. PETERSBURG, FL 33731

FILE NO. 100-443888

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

Dear Sir:

Very truly yours,

Morris L Comp

MAL/dp
Enclosures

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Reftec International, Inc.
2. The principal office address: 1675 Independence Blvd.
Sarasota, Florida 34234
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/13/1997 Document number: P97000014297

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Morris A. LeCompte
100 Second Avenue South, Suite 1201
St. Petersburg, Florida 33701

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Morris A. LeCompte
800 Second Avenue South, Suite 380
(P.O. Box or personal mailbox NOT acceptable)
St. Petersburg, Florida 33701

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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, or the corporation has been notified in writing of the change.

Morris A. LeCompte, Dir. Morris A. LeCompte, Director
(Signature of an officer or director) (Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Morris A. LeCompte 10/21/93
(Signature of Registered Agent) (Date)

Morris A. LeCompte
If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

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