## P97000025874

(Requestor's Name)				
1220 W. University Are South B				
(Address)				
(Address)				
City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

500020037265

06/12/03--01059--012 \*\*35.00

FILED

03 JUN 12 PM 1: 13

SECRETARY OF STATE

AREA SECRETARY OF STATE

Office Use Only

Possend Africa Change

T BROWN JUN 1 7 2003

## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provision	ons of section 607.050	02(3), 617.0502(3), 607.1508(2), or	617.1508(2),	
Florida Statutes, the unde	ersigned registered age	ent of a corporation organized under the	ne laws of the	
State of FLORIDA		submits the following state	ment in order	
to change the registered of				
	7.	4		
1. The name of the corpo	oration: KEMMA	ERER + ASSOCIATE	FS, INC.	
2. The street address of t	-			
	7220 W	D. UNIVERSITY AVE	TASE S	
	0	1	最富力	
	SOME	8	髪って	
	GAINES	B. UNIVERSITY AVE BUILLE, FL 32607	FILED OS JUN 12 PH 1113 RECRETARSEE, FLORIE TALLARIASSEE, FLORIE	
			T <sub>S</sub>	
3. The street address of t	_		SE 73	
	3611 NO	W 107 TERR VILLE FL 32606	D.M.	
	GAINES	VIIIE FL 32606		
	01/11/20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The corporation has been	notified in writing of	this change.		
•	_	he street address of the business office	of the registered	
agent, as changed, will b	e identical.		or me registered	
(/:-/				
Date: 6/10/03	<u></u>			
	1 /			
V//. 1. /		Cun		
Valley GC	m	(HARLES E.) (Printed or	KEMMERER	
(Signature of Registered Agent)		(Printed or	(Printed or Typed Name)	

Filing Fee: \$35.00