P.	D. Baker, Ed.D. O. Box 4728 xala FL 34478	
		6000023577368 -11/26/9701051013
City/State	/Zip Phone #	*****35,00 *****35.00 Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUM	BER(S), (if known):
1(Cor	poration Name) (Doc	cument #)
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Walk in Mail out	Pick up time Will wait Photocopy	Certified Copy
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Walk in Mail out	Pick up time   Will wait Photocopy     AMENDMENTS	Certified Copy
Walk in Mail out	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit	Pick up time         Will wait         Photocopy         AMENDMENTS         Amendment         Resignation of R.A., Officer/Direct         Change of Registered Agent         Dissolution/Withdrawal	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time         Will wait         Photocopy         AMENDMENTS         Amendment         Resignation of R.A., Officer/Direct         Change of Registered Agent         Dissolution/Withdrawal	Certified Copy
Walk in Wail out NEW FILINGS Profit NonProfit Limited Liability Domestication	Pick up time Will wait Photocopy AMENDMENTS: Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time         Will wait       Photocopy         AMIENDMENTS         Amendment         Resignation of R.A., Officer/Direct         Change of Registered Agent         Dissolution/Withdrawal         Merger         REGISTRATION/ QUALIFICATION         Foreign	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Pick up time         Will wait       Photocopy         AMENDMENTS         Amendment         Resignation of R.A., Officer/Direct         Change of Registered Agent         Dissolution/Withdrawal         Merger         REGISTRATION/ QUALIFICATION         Foreign         Limited Partnership	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time         Will wait       Photocopy         AMIENDMENTS         Amendment         Resignation of R.A., Officer/Direct         Change of Registered Agent         Dissolution/Withdrawal         Merger         REGISTRATION/ QUALIFICATION         Foreign	Certified Copy

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida undersigned corporation organized under the laws of the State of	Statutes, the
submits the following statement in order to change its registered office or registered agent, or	r both, in the
State of Florida. 1. The name of the corporation is: Community Consultants, Inc.	
12550 Highway 328 2. The mailing address of the corporation is: P.0. Box 4728 Ocala, FL 3	4478
3. Date of incorporation/qualification: March 18, 1997 Document number: P97000	026295
4. The name and address of the current registered agent and office:	0
Roger D. Baker, President	VISION OF 97 NOV 26
P.O. Box 4728 12550 Hwy 328	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	CORPC
	STATE
	34

___6690_Cherry_Road

Ocala, FL 34472

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

Roger D. Baker, President (Printed or typed name and title)

(Signature of an officer, chairman or vice chairman of the board)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

w

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

<u>11-24-97</u> (Date)

> 11-24-97 (Date)

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

CR2E045(7/97)