Walf- Kut Dre 1488 Ower Dr Clearwater, 71 33759

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Examiner's Initials

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1. (Cor	portation Name)	(Document #)	363
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Profit NonProfit Limited Liability Domestication Other	Amendment Resignation of R.A., O Change of Registered A Dissolution/Withdrawa Merger	Officer/ Director Agent10/02/9 ******3	1 00308 701072011 5.00 *****35.00
Annual Report Fictitious Name Name Reservation	REGISTRATION OF THE PROPERTY O	Tark	7

CR2E031(1/95)

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

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

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 is the undersigned corporation organized under the laws of the State of <u>FLORIDA</u> submits the following statement in order to change its registered office or registered agent, or the State of Florida. 1. The name of the corporation is: <u>WALL-KUT, IWC</u> .		
2. The mailing address of the corporation is: 1488 OWEN DR. CLEARWATER, FL 33759 3. Date of incorporation/qualification: 4/1/97 Document number: 197000	0029.	- - - 363
4. The name and address of the current registered agent and office: CSC 1201 HAYS ST. TALLAHASSEE, FL. 32301-2607	970CT -2 PH	SECRETARY OF COPP
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) KARL R. WAGNER	77 180	STATE
The street address of its registered office and the street address of the business office of its regagent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board. (Signature of an officer, chairman of the board) (Date)		
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 cap I further agree to comply with the provisions of all statutes relative to the proper and comple performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. (Signature of Registered Agent)	acity.	
If signing on behalf of an entity: KARL R. WAGNER (Capacity) (Capacity)		