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OUR DAILY BREAD BOOK STORES INC  
1800 North Andrews Avenue Suite 7K  
Ft. Lauderdale, Florida 33311

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 NOV -3 PM 2:01

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RECEIVED  
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DIVISION OF CORPORATIONS

RA. Add. Charge  
11-6-97  
cc

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 Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: OUR DAILY BREAD BOOKSTORES INC.

2. The mailing address of the corporation is: 1800 North Andrews Avenue  
Suite 7K Ft. Lauderdale, Florida 33311

3. Date of incorporation/qualification: April 8, 97 Document number: 9970000

4. The name and address of the current registered agent and office:

Gilbert E. SANDHOLZER  
210 NW 17th Ct Suite 2  
Ft. Lauderdale, Florida 33311

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Gilbert E. SANDHOLZER  
1800 North Andrews Avenue Suite 7K  
Ft. Lauderdale, Florida 33311

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.

Gilbert E. Sandholzer President Oct 30, 97  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Gilbert E. SANDHOLZER Oct 30, 97  
(Printed or typed name and title) (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 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)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)