The same of the

P9700032838

| 2155 City/State/ | Address Zip Phone # NAME(S) & DOCUM | Study Study Ent number(s), (if | Office Use Only | |
|--|--|--------------------------------------|---|------------------------|
| 1(Corp | oration Name) | (Document #) | | |
| · - | oration Name) | (Document #) | 300002357119 -12/09/9701002- ******70.00 ***** |)2 : -024 *35.00 |
| 4. | oration Name) | (Document #) | | |
| Walk in Mail out | Pick up time Will wait | | tified Copy tificate of Status | · |
| Profit NonProfit Limited Liability Domestication Other | AMENDMENT Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger | , Officer/ Director | FILED 97 DEC -5 PN 2:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Annual Report Fictitious Name Name Reservation | REGISTRAT QUALIFICA Foreign Limited Partnership Reinstatement Trademark | TION | felly 12/5 | |

Examiner's Initials

CR2E031(1/95)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the undersigned coi | provisions of sections 607.0502, 617.0502, 607.1508, poration organized under the laws of the State of | or 617.1508, Florida Statutes, the Florida |
|---|--|--|
| submits the folk State of Florida | owing statement in order to change its registered office i | or registered agent, or both, in the |
| 1. The name of | the corporation is: NOLAN NORTH TOWING, I | VC. |
| 2. The mailing | address of the corporation is 2155 NE 187th S | t. North Miami Beach, Fl. 33179 |
| 3. Date of inco | prporation/qualification: 4/10/97 Docum | nent number: P97000032838 |
| 4. The name ar | nd address of the current registered agent and office: | SEC TAL |
| | Salvatore Capozzi | |
| | 2155 NE 187th St. | SSE -5 II |
| | North Miami Beach, Fl. 33179 | TO PO |
| 5. The name a | nd address of the new registered agent and office: (P. O | Box Not Acceptable |
| | Catherine Capozzi | D , |
| | 2155 NE 187th St. | |
| | North Miami Beach, Fl. 33179 | |
| The street add | iress of its registered office and the street address of aged, will be identical. | the business office of its registered |
| Such change authorized by | was authorized by resolution duly adopted by its boa | rd of directors or by an officer so |
| k / | re of an officer, chairman or vice/chairman of the board) | 12-5-97 (Date) |
| | Catherine Capozzi solo offices director | (Date) |
| Having been corporation, I further agre performance registered ag | named as registered agent and to accept service of p I hereby accept the appointment as registered agent se to comply with the provisions of all statutes relativ of my duties, and I am familiar with and accept the c | rocess for the above stated and agree to act in this capacity. See to the proper and complete Sobligation of my position as |
| (_Cat | (Signature of Registered/Agent) | 12-5-97 (Date) |
| If signing on b | chalf of an entity: | |
| | (Typed or Printed Name) | (Capacity) |