THE UNITED STATES CORPORATION

ACCOUNT NO.

: 072100000032

REFERENCE :

503858

81492A

AUTHORIZATION

COST LIMIT

ORDER DATE: December 6, 1999

ORDER TIME : 1:13 PM

200003061852--2

ORDER NO. : 503858

CUSTOMER NO: 81492A

CUSTOMER: Elizabeth Lee, Legal Assistant

Jaeger & Blankner

217 E. Ivanhoe Boulevard,

North

Orlando, FL 32804

CHANGE OF AGENT

NAME:

DUANE'S OF ORANGE COUNTY,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

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: DUANE'S OF ORANGE COUNTY INC.	
2. The mailing address of the corporation is: 1295 S. ORANGE BLOSSOM TRIAL ORLANDO, FLORIDA 32805	
3. Date of incorporation/qualification: 4/14/97 Document number: P97000033243	
4. The name and address of the current registered agent and office:	
GERALD DUANE MATHIS	
11904 ELBERT STREET	7]
CLERMONT, FLORIDA 34711	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	ED
STEVEN M. DRAKE	
2201 S. RIO GRANDE AVENUE	
ORLANDO, FLORIDA 32805	
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.	
(Signature of an officer, chairman or Vice chairman of the board) (Date)	
(Printed or typed name and title)	
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.	
12/3/99	
By: (Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
CR2EO45(7/97) DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE, FL 32314	