

P97000045599

ARTIFACT RECOVERY, INC.
P.O. BOX 9051
Pt. St. Lucie, FL 34985

FILED
97 JUL 25 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

June 20, 1997

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

600002254166--2
-07/31/97--01086--014
*****87.50 *****87.50

Re: ARTIFACT RECOVERY, INC.

Gentlemen:

Enclosed please find the original and one copy of Articles of Amendment to Articles of Incorporation, changing the address of the corporation along with ~~Resignation~~ *Change* of Registered Agent, together with my check in the amount of ~~\$125.50~~ *\$87.50*.

This represents the cost of the filing fees, Certified Copy of Articles of Incorporation for the above named corporation.

Very truly yours,

Charles Francoviglia

Artifact Recovery, Inc.
P O Box 9051
Pt. St. Lucie, FL 34985

\$35.00 - CF
5250 . Cert

Enclosures

C

RAchg.
7/30/97

RECEIVED
97 JUL -9 AM 11:32
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 16, 1997

CHARLES FRANCOVIGLIA
ARTIFACT RECOVERY, INC.
P.O. BOX 9051
PT. ST. LUCIE, FL 34985

SUBJECT: ARTIFACT RECOVERY INC.
Ref. Number: P97000045599

We have received your document for ARTIFACT RECOVERY INC.. However, the document has not been filed and is being returned for the following:

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The fee for a certified copy is \$52.50. A certificate of status is \$8.75.

We are returning your check for \$122.50 to be replaced by one in the correct amount of \$87.50.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 397A00036307

Rec'd 7/25

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: ARTIFACT RECOVERY INC.
2. The mailing address of the corporation is: P.O. B. 9051, Pt St Lucie, FL 34985
3. Date of incorporation/qualification: 5/21/97 Document number: P 9700043599
4. The name and address of the current registered agent and office:

CHARLES FRANCOVIGLIA Corporation Service Company
P.O. B. 9051 1201 Hayes St.
Pt St Lucie, FL 34985 Tallahassee, FL 32301

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

CHARLES FRANCOVIGLIA
226 SW CHANDLER TRL
Pt St Lucie, FL 34985

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.

Ch. F. [Signature] 7/23/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

CHARLES FRANCOVIGLIA, PRESIDENT
(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.

Ch. F. [Signature]
(Signature of Registered Agent)

7/23/97
(Date)

If signing on behalf of an entity:

CHARLES FRANCOVIGLIA
(Typed or Printed Name)

PRESIDENT
(Capacity)