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CORPORATION	NAME(S) & DOCUMEN	T NUMBER(S		
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NEW FILINGS.	AMENDMENTS			
Profit	Amendment		50000223	37,9,9,5-,-7
NonProfit	Resignation of R.A., Offi	cer/Director		'01007006 00 *****35 . 00
Limited Liability	Change of Registered Ag	CELL A	201	
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OTHER FILINGS Annual Report	REGISTRATIO QUALIFICATIO	N CONTRACTOR	WILAHASSER FLO	APPROVED FILED
Fictitious Name	Foreign	106		
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F. [§15.16] Change Of Registered Agent/Office

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

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

Ausuant 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.
1a. The name of the corporation is: West & Pegg, P.A.
1b. The mailing address of the corporation is: 13000 Sawqrass Village Circle Suite 11, Ponte Vedra Beach, Florida 32082
1c. Date of incorporation: June 9, 1997 Document number: P97000050489
2. The name and address of the current registered agent and office:
Gregory K. West
5000 Sawgrass Village Circle, Third Floor
Ponte Vedra Beach, Florida 32082
3. The name and address of the new registered agent and office:tP.O. Box Not Acceptable)
Gregory K. West
13000 Sawgrass Village Circle, Ste. 11
Ponte Vedra Beach, Florida 32082
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 beard.
(Date)
(Printed or typed name and tide)
Having been named as registered agent and to accept service of process for the above stated corporation, thereby accept the appointment as registered agent and agree to actin his 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.
(Signatula of Registered Agent) 07 (1/97
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$35.00

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