P97000053682

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | <u> </u> |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY C = STATE
ALLAHASSEE FLORID

ROIRA CAS



COVER LETTER

| TO: Amendme Division o | ent Section of Corporations | |
|---------------------------|--|---|
| SUBJECT: Dicke | ens-Reed, inc. | f corporation) |
| | (, turito o | t dorporunous, |
| DOCUMENT NU | JMBER: P97000053682 | |
| The enclosed State | ement of Change of Registered Of | fice/Agent and fee are submitted for filing. |
| Please return all co | orrespondence concerning this ma | tter to the following: |
| | Ruth J. Blake | |
| ` | (Name of | contact person) |
| | | |
| Dio | ckens-Reed | |
| | (Firm | (Company) |
| | | |
| | 145 East 4th Ave. | |
| , . | (A | ddress) |
| | | |
| | Mount Dora, FL 32757 | |
| | | and zip code) |
| For further inform | ation concerning this matter, pleas | se call: |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Ruth Blake | | at (352) 735-5950 (Area code & daytime telephone number) |
| (N | ame of contact person) | (Area code & daytime telephone number) |
| Enclosed is a \$35. | 00 check made payable to the Dep | partment of State. |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, El. 37314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

CR2E045(6/04)

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida |
|---|--|
| in orde | er to change its registered office or registered agent, or both, in the State of Florida. |
| | the corporation: Dickens-Reed, INC. |
| 2. The principal | office address: 145 East 4th Ave. Mount Dora FL 32757 |
| 3. The mailing a | address (if different): Same |
| 4. Date of incor | poration/qualification: 6-17-1997 Document number: P97000053682 |
| | d street address of the current registered agent and registered office on file with the rtment of State: |
| | Barry A Blake |
| ; · · · | 140 West 5th Ave. |
| ı | Mount Dora, FL 32757 |
| 6. The name and (if changed): | Ruth J Blake 145 East 4th Ave. |
| | 145 East 4th Ave. |
| | Mount Dora, FL 32757 |
| | ess of its registered office and the street address of the business office of its registered agent, I be identical. |
| Such change w authorized by | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| (Signal | Barry A Blake, Secretary (Printed or typed name and little) |
| I further agree of my duties, as document is he | t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change. |
| C Guth | Gallace III Of (Date) |
| If signing on b | ehalf of an entity: |
| Ruth J Blake | |

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)