## Corfamerica of North Florida, Inc.

kpt. of State

Division of Corporations P.O. Box 6327 Tallahassee, It 32314 10-24-97



Here is a check in the amount of \$\frac{1}{2}35.00

for the files fee of this corporation

for y questions - please cale

Finder Durder

Fresident

600002334006---4 -10/30/97--01076--010 \*\*\*\*\*35.00 \*\*\*\*\*35.00

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## I forida Department of State, Sandra B. Mortham, Secretary of State

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

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

	e provisions of sections 607.0502, 617.0 d corporation organized under the laws o	•	rida Statutes,
submits the fol the State of Flo	lowing statement in order to change its reprida.	egistered office or registered agen	t, or both, in
1. The name of	f the corporation is: Corf America	of North Florida, Inc.	
The moiling	address of the corporation is: 1817 B	avside Boulevard. Jacks	son ville.
FL 322			
	orporation/qualification: 6/24/97	Document number: P970	000055384
4. The name an	nd address of the current registered agent a Cynthia W. Durden, Regist Corf America of North Flo	ered Agent	73
	4940-3 Emerson Street		五品 9
5. The name an	Jackson ville, FL 32207  ad address of the new registered agent and Cynthia W. Durden, Regist Corf America of North Flo	office: (P.O. Box Not Acceptable ered Agent	OCT 30 M
	1817 Bayside Boulevard  Jacksonville, FL 32259		STATE FLORIDA
The street addr agent, as chang	ess of its registered office and the street aged, will be identical.	address of the business office of it	s registered
Such change wanthorized by t	ras authorized by resolution duly adopted he board.	by its board of directors or by an	officer so
(Signature	offan officer, chairman or vice chairman of the board)	$\frac{10+15}{\text{(Date)}}$	<u>-97</u>
Cynthia	W. Durden, President	10-15-9	17
Having been no corporation, I I further agree performance of registered ager	(Printed or typed name and title)  amed as registered agent and to accept so hereby accept the appointment as registe to comply with the provisions of all state f my duties, and I am familiar with and a nt.	(Date) ervice of process for the above sta red agent and agree to act in this stes relative to the proper and con ccept the obligation of my position	nted capacity. nplete n as
<u>Cyri</u>	Marie of Registered Agent)	10-15-97	
Cynthia f signing on beha	a W. Durden	Prosident	
	Typed or Printed Name)	(Capacity)	<u>_</u>

CR2E045(3/96)