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G, TACKETT 615 FOXVAlley DA. LONGWOOD, Fl. 32779

City/State/Zip

rnone#

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Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time Certified Copy Certificate of Status NEW FILINGS Profit Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Other Merger WEGSTRATION/ Foreign Reinstatement Trademark Nume Reservation Resignation of Resignati		CORPORATIO	N NAME	(S) & D	OCUMENT NUI	MBER	K(S), (if known):		
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Florida Department of State, Sandra B. Mortham, Secretary of State

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

1a. The name of the	accommention in	ROWN RONE	PACE ACENCY INTO
ia. The Hame of the	corporation is:	= NO JOH DROKER	PAGE AGENCY AND
	.=		
h. The mailing add	race of the corneration	mie: 615 Fo	X VALLEY DRIVE CO
	=	9	
lc. Date of incorpo	ration: 7/7/9	Document num	nber: <u>P970000</u> 59
. The name and a	address of the curren	t registered agent and offi	ce:
_		ACKETT	
	_	ey DRIVE	
		•	
<u></u>	ong wood,	F1.32779	
3. The name and ad	dress of the new regi	stered agent and office:(P	O. Box Not Acceptable)
	GERALDINE	TACKETT	 -
	615 FOX VAII	ey DR.	
		F1. 32779	
egistered agent, as	changed, will be ider	itical.	s of the business office of its
Such change was a so authorized by the	uthorized by resolution	n duly adopted by its boa	rd of directors or by an officer
- attended by (in	a board.		0/10/07
(Signature of an o	officer, chairman or n of the board)		(Date)
_			
(Printed or typed	KETT Registere I name and title)	QAGT.	
Having been name	d as registered agent	t and to accent service o	f process for the above stated
corporation, Thereb further agree to c	yaccept the appoint omply with the provi	nentas registered agentai isions of all statutes relati	nd agree to act in this capacity. We to the proper and complete e obligation of my position as
erformañce of my egistered agent.	dúties, and I am fai	miliar with and accept th	e obligation of my position as
// /	. 411		/ ,
Desolde	ne arkett		9/10/97
(Signature of Reg			(Daté)
f signing on behalf o	of an entity:		
(Typed or Prints	d Name)	·	(Capacity)

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

FILING FEE: \$35.00

CR2E045(11/94)