CONTACT: UCC FILING & SEARCH SERVICES, INC. (Requestor's Name) 526 EAST PARK AVENUE 800002248568--6 -07/28/97--01010--008 (Address) *****35.00 *****35.00 TALLAHASSEE FL 32301 (904) 681-6528 OFFICE USE ONLY (Phone #) (City, State, Zip) CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Walk in Pick Up Time Certificate of Status Mail Out Certificate of Good Standin Will Wait ARTICLES ONLY Photocopy ALL CHARTER DOCS AMENDMENTS NEW FILINGS Certificate of FICTITIQUS NAMES Profit Amendment Resignation of R A, Officer/Director NonProfit FICTITIOUS NAME SEARCH $\stackrel{\scriptstyle \sim}{\otimes}$ Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication CORP SEARCH Other Merger REGISTRATION/QUALIFICATION. OTHERIFILINGS HOLD FOR Foreign Annual Report PICKUP BY Limited Partnership Fictitious Name **UCC SERVICES**

Reinstatement

Trademark

Name Reservation

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

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

undersigned co	rporation organized under the laws	617.0502, 607.1508, or 617.1508, Flori s of the State ofFLORIDA	•
submits the fol	lowing statement in order to chang	ge its registered office or registered agent	, or both, in the
State of Florida		WELODMENTS INC	
1. The name of	the corporation is: _WOODCOTE_DE	VELOPPIENTS, INC.	
2. The mailing	address of the corporation is :#	352 OSTEGO BAY VILLAGE	
	<u>_</u>	ORT MYERS BEACH, FL 33931	
3. Date of incor4. The name an	poration/qualification: July 15, d address of the current registered	1997 Document number: P970 agent and office:	00061373
	U.C.C. FILING & SEARC	H SERVICES, INC.	
•	526 EAST PARK AVENUE, PO BOX 11120	SULTE 200	97 JU SECRI
	TALLAHASSEE, FL 3230	2	UL 28
5. The name and	d address of the new registered age	ent and office: (P.O. Box Not Acceptable)	B PH RY OF SEE FI
	SPAS PASEV	,	108 118:
	352 LENELL ROAD		SS NIL NIL NIDA
	FORT MYERS BEACH, FL	33931	
The street addre	ess of its registered office and the st	reet address of the business office of its re	gistered
		pted by its board of directors or by an offi	
V	~ Brandon	,	
(Signature of an offi	cer, chairman or vice chairman of the board	7/18/97	
		, (23.6)	
	JOHN BRANDON, PRESIDE	NT/DIRECTOR ped name and tule)	_
Having been nam I hereby accept to comply with the and I am familia	med as registered agent and to according to the appointment as registered agent provisions of all statutes relative to the with and accept the obligation of	ept service of process for the above stated it and agree to act in this capacity. I furth	corporation, ver agree to my duties,
\times'		7/18/97	
(Signature o	of Registered Agent)	(Date)	-
If signing on beh	alf of an entity:	, .	
(Typed or I	Printed Name)	(Capacity)	
CR2E045(1/95)		(ashmut)	
		****** *** *	

FILING FEE: \$35.00