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July 20, 1999

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: WSI-MIAMI, INC.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 2070 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

enclosures

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## Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersigned corporation organized under the laws submits the following statement in order to change it	s of the State of
or registered agent, or both, in the State Florida.	s registered office
1a. The name of the corporation is:  WSI-MIAMI, INC.	
1b. Date of incorporation: 7/16/97 Document num	be <u>r P97000061695</u>
2. The name and address of the current registered agent and office:  Corporation Service Company	99 SEG
1201 Hays Street, Tallahassee, Fl 32301-2525	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)  NRAI Services, Inc.	SEE.F
mar services, fuc.	
526 East Park Avenue, Tallahassee, Florida 32301	वृत्त क
The street address of its registered agent 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 board.	
SIGNATURE Typed or printed name	rett
SIGNATURE  Typed or printed name  Ass't Searchay  DATE	and the
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS RE AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPIPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH A	DESIGNATED GISTERED TO COMPLY ER AND COM

NRAI Services, Inc.

DATE

THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CR2E045 (7-91)

FILING FEE: \$35.00