## 17000064377 Requestor's Name Address Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in Photocopy Certificate of Status Will wait Mail out NEW FILINGS AMENDMENTS 9000<u>0</u>2895269---6 Amendment Profit Resignation of R.A., Officer/Director \*\*\*\*\*35.00 \*\*\*\*\*35.00 NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION 4 Annual Report Foreign Fictitious Name Limited Partnership S. PAYNE JUN 1 1 1999 Name Reservation Reinstatement Trademark

Examiner's Initials

CR2E031(1/95)

Other

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of FLOR/DA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is:
2. The mailing address of the corporation is: 11532 MORGAN HILL Rd FOUT MYERS — FC 33912
3. Date of incorporation/qualification: Document number:
4. The name and address of the current registered agent and office:
1 8 60-0
1840 HW FIRST St #204  Plantation - TZ 33317  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  1832 Morgany Hill Rd.  The street address of its registered office 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.
5-29-79
(Date)
LUCIENNE D-CTROS
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dities, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
LUCIEHHE 1)- (TKOS PRESIDENT
(Typed or Printed Name) (Capacity)

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