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CORPORATION NAME(S) & DOCU	(Document #)  (D
1. (Corporation Name)	(Document #)
2. (Corporation Name)	-01/16/0101083001
3(Corporation Name)	
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	
NEW FILINGS	AMENDMENTS ==
Profit Not for Profit Limited Liability Domestication Other	Amendment  Resignation of R.A., Officer/Director:  Change of Registered Agent  Dissolution/Withdrawal
OTHER FILINGS	RECISTRATION/OHAT IETCATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark
CR2E031(7/97)	Examiner's Initials 1901

CR2E031(7/97)

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

Pursuant to the provisions of sec undersigned corporation organiz			Torida Statutes, the Florida
submits the following statement i both, in the State of Florida:			registered agent, or
1. The name of the corporation: <u>Ted</u>	Glasrud Associates of Stuart,	FL, Inc.	
2. The mailing address of the corporati	ion:759 S. Federal Highwa	ay, Suite 217, Stuart	, FL 34994
3. Date of incorporation/qualification:	07/29/1997 E	ocument number: _	P970000066087
4. The name and address of the current	t registered agent and office:		
Theodore Glas	rud		
4013 S.E. Fair	way East		· · · · · · · · · · · · · · · · · · ·
Stuart, FL 349	97		
5. The name and address of the new re	gistered agent (if changed) an (P.O. Box Not Accepta		e (if changed):
Theodore G. G	lasrud		
759 S. Federal	Highway; Suite 217		
Stuart, FL 349	94		
The street address of its registered or changed, will be identical.	ffice and the street address	of the business offi	ce of its registered agent, as
Such change was authorized by resolutionard.	tion duly adopted by its board	l of directors or by a	an officer so authorized by the
	fan_/		/-/-0/ (Date)
Signature of an officer, chairman or	vice chairman of the board)		(Date)
(Printed or typed name and	title)		•
Having been named as registered age accept the appointment as registered provisions of all statutes relative to the accept the obligation of my position as	agent and agree to act in the proper and complete perfo	his capacity. I furt	ther agree to comply with the stand I am familiar with and
		_	ALTO C
(Signature of Registered Agent)			(DE) = 1
If signing on behalf of an entity:			ASSEI N 16
(Typed or Printed Name)			(Capacity)
	* * * FILING FEE: \$35.	00 * * *	
DIVISION OF CORPORATIONS	P.O. Box 6327		TALLAHASSEE, FL 323 PA