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September 4, 1997

Secretary of State
Division of Corporations
Tallahassee, FL 32399-0250

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*****35.00 *****35.00

RE: Centerpoint Casework
Our File No.: 7898

Dear Sir/Madam:

Enclosed please find the original executed Statement of Change of Registered Office and Registered Agent for filing by your office together with this firm's check in the amount of \$35.00 which represents your fee.

If you have any questions, please feel free to contact this office.

Sincerely,

L. Miller Williams
L. Miller Williams

LMW/sh

Enclosure

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Charter No: _____

Date Filed _____

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the Corporation is: CENTERPOINT CASEWORK, INC.
2. The name and address of its present registered agent is:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301
3. The name and street address to which its registered agent is to be changed is:

L. Miller Williams, Esquire
255 S. Orange Ave, Suite 1301
Orlando, FL 32801
4. The street address of its registered office and the street address of the business office of its registered agent, as changed are identical.
5. Such Change was authorized by resolution duly adopted by its Board of Directors or by an Officer of the Corporation so authorized by the Board of Directors.

Mark Conrad, President
(Typed name & Title)

Signature Mark Conrad
President

Date 8/27/97

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

L. Miller Williams

Signature
(Agent)

Date

8/27/97