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	LEASO MALKETY, 3	enc. Change
() Profit () NonProfit () Limited Liability Compa () Foreign () Limited Partnership () Reinstatement () Certified Copy () Call When Ready Walk In () Mail Out	() Amendment () Dissolution/With () Annual Report () Reservation () Photo Copies () Call if Problem () Will Wait	() UCC FILTIC () Other () Change of R.A. () Fictitious Name () CUS/ G/S
Name Availability 3 98 Document 3 98 Examiner 0 0 Updater Verifier 0 0 W.P. Verifier	8/,1	PLEASE RETURN EXTRAPCOPY(S) FILE STAMPED Please call Jeffebuterfield if any problems/questions. THANKS!

Florida Department of State, Jim Smith, Secretary of State

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 submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Woerner East Marketing, Inc.
1b. Date of incorporation August 20, 1997 Document number P97000072186
2. The name and address of the current registered agent and office: ☴ஜ 发
KP&L Services, Inc.
390 North Orange Ave., Suite 600, Orlando, FL 32801
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 333
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.
August 7, 1998 DATE Kathy T. Miller, Assistant Secretary (Type or printed name and title)
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.
SIGNATURE BY: Compared Agent)
DATE SUN198
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)