Requester's Name	0 193	-06
Address City/State/Zip Phone #		200003007882: -10/06/99010970 *****35.00 ******
RPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if	Office Use Only
A		
(Corporation Name)	(Document #)	99 OCT
(Corporation Name)	(Document #)	-6 PM
(Corporation Name)	(Document #)	ORATE RATE BALLEA
(Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
EW FILINGS	AMENDMENTS	. <u>.</u>
 Profit Not for Profit Limited Liability Domestication Other 	 Amendment Resignation of R Change of Regis Dissolution/With Merger 	
THER FILINGS	REGISTRATION/C	UALIFICATION
 Annual Report Fictitious Name 	 Foreign Limited Partners Reinstatement Trademark Other 	ship

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 $_$ ORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. OOKK Absoluteli 1. The name of the corporation is: FIRP an 513 2. The mailing address of the corporation is: locida Document number: 3. Date of incorporation/qualification: 4. The name and address of the current registered agent and office: Winter #10S Lumsden 33 510 Brandon 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) 99 ne 335 7/2 U 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. ō (Date) (Signature of an officer, chairman or vice chairman of the board) ice Kellu BICHAVE (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 duties, and I am familiar with and accept the obligation of my position as registered agent. (Signature of Registered Ap If signing on behalf of an entity: (Capacity) (Typed or Printed Name) * FILING FEE: \$35.00 * *

CR2E045(7/97)

P.O. Box 6327

TALLAHASSEE, FL 32314