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	City/S	MUM RI 561 F Westo	ECORDS INC lanch Road n, FL 33326 54) 349-2933 54) 385-8727 54) 205-9184			Offi	ce Use (	Only		
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Examiner's Initials

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

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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: <u>MUM REGONDS INC</u>
1b. The mailing address of the corporation is: 888 SE 320 AVENTE  SUTE HOD FOOT LAURED ME FL 33316
1c. Date of incorporation: $\frac{10/00/97}{1000008533}$ Document number: $\frac{P9700008533}{1000008533}$
2. The name and address of the current registered agent and office:  Frederic M. Barthe
888 S.E. 3rd Avenue, Suite 400
Ft. Lauderdale, FL 33316
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)    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.
(Signature of an officer, chairman or (Date)
(Printed or typed name and title)  Having been named as registered agent and to accept service of process for the above stated corporation, I herebyaccept the appointmentas 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 Agent) (Date)
If signing on behalf of an entity:
Typed or Printed Name) (Capacity)
Division of Corporations, P.O. Box 6327, Tailahassee, FL 32314

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