## PGGOOOS8263 Requester's Name Culp Family Properties 9612 Sunbeam Center Dr Jacksonville, Florida 32257

City/State/Zip

CR2E031(7/97)

Phone #

000004662160--3 -11/01/01--01021--010 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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## 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 <b>FLORIDA</b>
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: HISSION SOULE, TUC
2. The mailing address of the corporation: 9012 SUNBEAM CENTER DRIVE
JACKSONVILLE, FL 32257
3. Date of incorporation/qualification: 10/13/97 Document number: <u>P97000882U3</u>
4. The name and address of the current registered agent and office:
KOKO HEAD
9309 OLD KINGS ROAD STEY
JACKSDLIVILLE, FL 32257
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
— NANCY C HILLS ₹ 500
9UIZ SUNBEAM CENTER OR = BE
JACKSONVILLE, FL 32257 = 8"
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.
Almes D'Anile 10/21/01
(Signature of an officer, chairman or vice chairman of the board) (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 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.
- V bma ( Mill 10/24/01
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 *** (V# 1300 10 29 01
*** FILING FEE: \$35.00 *** CK# 1300 10 29 01 CR2E045(9/00)
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314