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\*\*\*\*\*35.88 \*\*\*\*\*35.00 CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known): Name Availability Docume it Walk In čk Up Time Certified Copy Examiner Mail Out Certificate of Status Updater **Update** Certificate of Good Standing Will Wait Verifyer Acknowled ARTICLES ONLY Photocopy ALL CHARTER DOCS -- NEW FILINGS ---- AMENDMENTS Profit Amendment NonProfit Resignation of R.A. Officer/Director Certificate of FICTITIOUS NAME Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger FICTITIOUS NAME SEARCH CORP SEARCH OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Ordered By:

## 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: EREGAM, INC.
- 2. The name and address of its present registered agent is:

Pamela S. Brown 106 Lynnhurst Dr. Ormond by the Sea, Florida 32176

3. The name and street address to which its registered agent is to be changed is:

REGGY S. LAWSON
2986 OCEANSHORE BLVD
ORMOND BEACH, FLORIDA 32176

- 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.

ignature Ton Vice President)

Date March 27, 1998

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.

Please Print/Type Name: PEGGY S. LAWSON

Signature: By: Lausin

Date: March 27, 1998