## P98000005726 STRAYHORN & STRAYHORN

ATTORNEYS AND COUNSELLORS AT LAW 2125 FIRST STREET, SUITE 200 FORT MYERS, FLORIDA 941/334-1269

GUY M. STRAYHORN (1889-1981) NORWOOD R. STRAYHORN (1911-1982) GUY R. STRAYHORN E. BRUCE STRAYHORN RICHARD W. PRINGLE

February 2, 1998

MAILING ADDRESS: P. O. BOX 1288 FORT MYERS, FL 33902

> FACSIMILE 941/334-1069

Division of Corporation Florida Department of State P. O. Box 6327 Tallahassee, Florida 32314 200002422392--5 -02/05/98--01060--013 \*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: CHANGE OF REGISTERED AGENT FORM

Dear Sir/Madam:

Enclosed herein please find our check in the amount of \$35.00 for change of registered agent as indicated on the enclosed form.

If you have any questions or problems, please contact our office. Thank you in advance for your anticipated cooperation.

Sincerely,

Kim A. Nixon Legal Assistant to

Kim a Balon

E. Bruce Strayhorn

/kan 980007 Enclosures

THE FED & 1976

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

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

	ovisions of sections 60 d corporation orgi owing statement in to of Florida.			registered agant, or	;
1a. The name of	the corporation is:	Izscreams, I	nc.		
1b. The mailing a	ddress of the corpor	ation is: $3954$ W	est Riverside	e Drive	
Fort Myers	, FL 33901		_		
1c. Date of incor	poration: 01/20	/98 Docu	ment number: P98	000005726	
2. The name ar	nd address of the curr	rent registered age	nt and office:		
-	Corporation :	Service Comp	any	· —	20
_	1201 Hays St	reet		PEC SEC	98
•.	Tallahassee,				FEB
3. The name and	address of the new r Jean Murphy	egistered agent and	office:(P.O. Box Not	Acceptable) ARY OF SEE, F	5 2
_	3954 West Ri			LOFA	Ö
_	Fort Myers,	FL 33901			12
The street addre	ss of its registered of as changed, will be in	office and the stre	et address of the b	usiness office of its	
• -	s authorized by resolu		y its board of direc	tors or by an officer	
- th		a tree.a	1/29/	98	
(Signature of a vice chair	an officer, chairman or man of the board)		(Date		
	y, President				
	ped name and title)	ant and to coment	socios of sesses i		,
corporation, i nei I further agree to	med as registered ag rebyacceptine appoint to comply with the pr my duties, and I am	ntmentas registere ovisions of all stati	d agentand agree to thes relative to the r	) actin this capacity. Proper and complete	
			1/29	198	
(Signature of	Registered Agenti		(Date)	7.10	
If signing on beha	If of an entity:				
(Typed or Pri	nted Namel		(Capach	tvi	

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314

FILING FEE \$35.00