

P98000011070

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From: Nery C. Toledo, Legal Assistant

Account Name : AKERMAN, SENTERFITT & HEDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CIRCLE OF LIGHT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

43.5

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

Pursuant to the provisions of Section 607.0502, 61.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, 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 is: Circle of Light, Inc.
2. The mailing address of the corporation: 2455 East Sunrise Blvd., Fort Lauderdale, FL 33304
3. Date of incorporation/qualification: February 4, 1998 Document Number: P98000011070
4. The name and address of the current registered agent and office:

Intrastate Registered Agent Corporation
701 Brickell Avenue, Suite 3000
Miami, Florida 33131

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P.O. Box Not Acceptable):

American Information Services, Inc.
350 East Las Olas Boulevard, Suite 1600
Fort Lauderdale, FL 33301

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 Officer, Chairman or Vice Chairman of the Board)

1/30/02
(Date)

Peter Stolz, President

(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.

By: Nery C. Toledo, Asst. Sec.
(Signature of Registered Agent)

2/1/02
(Date)

If signing on behalf of an entity:

Nery C. Toledo

(Typed or Printed Name)

Assistant Secretary

(Capacity)

*** FILING FEE: \$35.00 ***

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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