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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: BONNIE L. CANTY, P.A.

AUDIT NUMBER..... H98000015622

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 21, 1998

BONNIE L. CANTY, P.A. 6194 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487

SUBJECT: BONNIE L. CANTY, P.A.

REF: P98000014003

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Darlene Connell Corporate Specialist FAX Aud. #: H98000015622 Letter Number: 798A00043641

H9800015622 Florida Department of State, Sandra B. Mortham, Secretary of State

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 ofFLORIDA
i. The name of the corporation is: BONNIE L. CANTY, P. A.
2. The mailing address of the corporation is: 23123 State. Road 7, Suite 245
Boca Ratan , Florida 33428
3. Date of incorporation/qualification: Ebasery 11, 1949 Document number:
4. The name and address of the current registered agent and office:
Awthora L. Colemn Awthora L. Colemn
6194 NORTH Federal Highway
Boca Raton, Election 33487
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
5. The name and address of the new registered agent and office (1.0. 2007)
7300 S.W. 3Rd COURT
Month Lauterdok, Florida 33068
The street address of its registered office and the street address of the business office of its registered
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 vice chairman of the board) (Date)
(Signature of an officer, chairman of vice manner of the chairman of the chair
(Printed or typed name and title) (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 amiliar with and accept the obligation of my position as
Will State S
(Signature of Registeres Agent)
I signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
FILING FEE: 535.00
Prepared by: Alexander Lasnaud 498000015602
23123 South State Rd 7 #245
Boca Raton, F1 33428 FBN-0124000 (561)479-3535
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