198000020651

MIKE E. JORGENSEN

ATTORNEY

7555 Beach Boulevard

Jacksonville, Florida 32216

Telephone: 904-680-7705, Facsimile: 904-680-7771

mjorge@aol.com

October 15, 2001

Velma Shepard, Corporate Specialist Florida Department of State Division of Corporations P O Box 6327 Tallahassee FL 32314

300004549623 -08/22/01--01098--001 *****35.00 *****35.00

Re:

SEAN LEWIS CONSTRUCTION, INC.

Ref. No.: P98000020651

Please find enclosed a copy of the original Statement of Change of Registered Office or Registered Agent as well as a copy of your original letter to this office dated August 29, 2001.

I trust this information will suffice to complete the requested Registered Agent change. Should you have further questions, please feel free to contact me at (904) 680-7782.

Yours truly,

enclosures

Note: This was the 2nd letter the first letter with Validation was misplaced. B

V SHEPARD

OCT 22200



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 29, 2001

BETTY M. SYNDERS C/O MIKE G. JORGENSEN, ATTORNEY 7555 BEACH BLVD. JACKSONVILLE, FL 32216

SUBJECT: SEAN LEWIS CONSTRUCTION, INC.

Ref. Number: P98000020651

We have received your document for SEAN LEWIS CONSTRUCTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Corporate Specialist

Letter Number: 201A00049088

Recid 10/17

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

| the State of F | following statement in order to change its registered office or registered agent, or t Florida. | oth, in |
|---|--|------------------|
| _ | e of the corporation : Sean Lewis Construction, Inc. | 0 |
| | | 0 550 |
| 2. The mailin | ng address of the corporation: 6869 Philips Parkway Drive, South | 8 937 |
| | Jacksonville, Florida 32256 | - S |
| 3. Date of inc | acorporation/qualification: 3/4/98 Document number: P98000020 | 651 3 |
| 4. The name a | and address of the current registered agent and office: | 651 130 |
| | Keith Sands | |
| | 1551 Atlantic Boulevard | = : |
| 5 Thansman | Jacksonville, Florida 32207 | |
| o. The hame a | and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable) | ed): |
| Ł | Mike_Jorgensen | 1. , |
| | 7555 Beach Boulevard | |
| | Jacksonville, Florida 32216 | |
| The street add agent, as char | ress of its registered office and the street address of the business office of its registed, will be identifal. | ered |
| authorized by | was authorized by resolution duly adopted by its board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of directors or by an officer of the board of the board of directors or by an officer of the board of the b | 30 |
| / Digitature | re of an officer, chifman or vice chairman of the board) (Date) | |
| | M. Lewis President (Printed or typed name and title) | |
| Having been no corporation, I I further agree performance of egistered agen | named as registered agent and to accept service of process for the above stated hereby accept the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete fmy ditties, and I am familiar with and accept the obligation of my position as | |
| - / \ \ \ | Signature of Registered Agent) (Date) | y . was new Ten- |
| | | - |
| 7 | Typed or Printed Name) (Capacity) | |

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314