## P98000021915





January 27, 1999

Florida Dept. of State Division of Corporations 409 E Gaines Street P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

Lull BS

Enclosed is an original document stating my change of office. Please return a date stamped copy to me in the envelope provided.

Thank you,

William M. Bruce

99 JAN 29 PH 4 38
SEGRETALIAHASSEE, FLORIDA

2-3-99\_

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

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

rursuant to the provisions of sections 607.0502, 617.0502, 607.1508 undersigned corporation organized under the laws of the State of	Florida
submits the following statement in order to change its registered office	e or registered agent, or both, in the
State of Florida.	
1. The name of the corporation is: <u>E-Z Sport Grip Company</u>	
	The second of
2. The mailing address of the corporation is: 13654 Second Avenu	e, NE, Bradenton,
Florida 34202	 
3. Date of incorporation/qualification: <u>March 6, 1998</u> Docum	nent number: P98000021915
4. The name and address of the current registered agent and office:	_==1
William F. Bruce	 
4332 Camino Madera	
Sarasota, Florida 34238	ORL LAT
5. The name and address of the new registered agent and office: (P. O. )	Roy Not Acceptable)
W. Mark Bruce	~~ N =
13654 Second Avenue, NE	
Bradenton, Florida 34202	4 38
The street address of its registered office and the street address of the agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board authorized by the board.	of directors or by an officer so
( 111 M b -	
(Signature of an officer, chairman or vice chairman of the board)	(Date)
W. Mark Bruce, Treasurer	(-26-99
(Printed or typed name and title)	<del></del>
Having been named as registered agent and to accept service of procorporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the observed agent.	(Date) cess for the above stated agree to act in this capacity.
performance of my duties, and I am familiar with and accept the ob- registered agent.	ligation of my position as
(fill r l)	1-26-99
(Signature of Registered Agent)  If signing on behalf of an entity:	(Date)
William Made Bruce	
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	(Capachy)

FILING FEE: \$35.00