## Requestor's Name Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): . (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Photocopy Will wait Certificate of Status Maikout NEW FILINGS AMENDMENTS 400002461634--0 -03/19/98--01015--001 Profit = Amendment \*\*\*\*\*35.00 \*\*\*\*\*35.00 NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication > Dissolution/Withdrawal Other Merger Avaisability REGISTRATION/ **OTHER FILINGS** QUALIFICATION Annual Report Uposter Foreign Fictitious Name Update Limited Partnershi Verifyer Name Reservation Reinstatement Acknowledgement Trademark W.P. Verifyer Other

Examiner's Initials

## 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 of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1b. The mailing address of the corporation is: 3600 S, STRD# Document number: 298-1c. Date of incorporation: The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) co 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 an efficer, chairman or (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. (Signature of Registered Agent) If signing on behalf of an entity:

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

(Typed or Printed Name)