## 798000025446

MDR (The Name)				
SIMPSON, HENDERSON,				
CARTA & RANDOLPH				
Attornogy at Law				
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RA Change

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

undersigned con	provisions of sections 607.0502, 617.0 poration organized under the laws of t	he State of <u>Florida</u>	
submits the follo	owing statement in order to change its r	egistered office or registered	agent, or both, in the
State of Florida			
1. The name of	the corporation is: Florida Westcoas	st Services, Inc.	
2. The mailing	address of the corporation is: Post Of	ffice Box 1466	
	Lehigh	Acres, FL 33970	
3. Date of incom	rporation/qualification: 3/18/98	Document number:	
4. The name and	d address of the current registered agent	and office:	eptable) eptable)
	D.I. I. D.D. I. I. Tu		超星人
	Robert D.Royston, Jr.		10000000000000000000000000000000000000
	12670 New Brittany Blvd.	, Suite 101	75.0° 1
	Fort Myers, FL 33907		ma z
5. The name and	d address of the new registered agent an	d office: (P. O. Box Not Acc	eptable)
•	Michael D. Randolph		ROLL
	1619 Jackson Street		<b>y</b>
	Fort Myers, FL 33901		
The street addragent, as change	ress of its registered office and the stre ged will be identical.	eet address of the business of	fice of its registered
Such change wanthorized by	as authorized by resolution duly adop the board.	ted by its board of directors	or by an officer so
$\star$ / $W$	wear your		8/02
(Signature	of an officer, chairman or vice chairman of the b		(Date)
Andreas	Kraus; Director, President, So (Printed or typed name and title)	ecretary, Treasurer	
Having heen n	amed as registered agent and to accer	nt service of process for the	ahove stated
corporation, I I further agree performance of registered agei	hereby accept the appointment as regi to comply with the provisions of all si I no duties, and I am familiar, with an	istered agent and agree to a tatutes relative to the proper d accept the obligation of m	ct in this capacity. c and complete y position as
	M/4/11/10	11/18/02	
1/10	Agnature of Registered Agent	(Date)	
If signing on beha	alf of an entity:		
	Typed or Printed Name)	(Capacity)	

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