0029613

lames L. Case, P.A.

SUITE 102
2810 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306

April 13, 1998

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

-04/16/98--01082--023 *****35.00 *****35.00

RE: 2450 WILTON CORP.

Dear Sir: / with the form to the second the second to the

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend you records at your earliest opportunity to reflect the change.

BLOCK, Legal Assistant

KB -Encl.

Charter No: P98000029613 Date Filed: March 31, 1998

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.0501 and 607.0502, Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered genting the State of Florida.

- 1. The name of the corporation is 2450 WILTON CORP.
- 2. The name and address of its present registered agent Filings, Inc.

3732 N.W. 16th Street Fort Lauderdale, FL 33311

3. The <u>name and street address</u> to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)

Carl S. Marzola
3438 North Ocean Boulevard
Fort Lauderdale, FL 33308

- 4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
- 5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors

Signature:

Carl S. Marzola President

Date: 4-13-98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Nama: CARL S. MARZOLA

Signature:

Agent)