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| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| (Document Number) | | |
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| Certified Copies Certificates of Status | _ | |
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| Special Instructions to Filing Officer: | | |
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Florida Department of State, Jim Smith, Secretary of State

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

| Pursuant to the previsions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office | | |
|--|-----------|--|
| or registered agent, or both, in the State of Florida. | | |
| 18. The name of the corporation is: American Household Van Lines, Incorporated | • | |
| 1b. Date of incorporation May 8, 1998 Document number P9800004196 | | |
| 2. The name and address of the current registered agent and office: | | |
| Michael Dowsett, 4740 NW 15th Ave., Bay 3C, Ft. Lauderdale, FL 33309 | | |
| Michael Bowsett, 4,40 No 1909 Dr. 19 | | |
| 3. The name and address of the new registered agent and office: | | |
| (P.O. Box Not Acceptable) | | |
| Russell'M. Hayson, Esq., 450 N. Park Road, Hollywood, FL 33021 | - | |
| Suite 302 | | |
| The street address of its registered agent 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. Michael Dowsett, President Typed or printed name and time of the business of the business office of its registered agent as changed will be identical. All Typed or printed name and time of the business of t | | |
| 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. SIGNATURE (Registered Agent) DATE | - (4-) | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | | |
| CR2E045 (7-91) FILING FEE: \$35.00 | | |
| URELUTU (1731) FILING FEE. \$30.00 | | |

| an officer so authorized by the board | and the second section of the second second section is a second section of the second section of the second section se |
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| mily Hum | Michael Dowsett, President |
| · 08-28-03 | Typed or printed name and title |
| DATE | |
| | |
| HAVING BEEN NAMED AS REGISTERED | |
| PROCESS FOR THE ABOVE STATED COF | |
| IN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAP | NOTY (CURTUER ACREE TO COMBLY |
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| THE OBLIGATION OF MY POSITION AS RI | FGISTERED AGENT |
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| Sidia | (Registered, Algert) |
| DATE | |
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| Division of Corporations, P.O. | Box 6327, Tallahassee, FL 32314 |
| CR2E045 (7-91) | FILING FEE: \$35.00 |

CR2E045 (7-91)

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