ACCOUNT NO. : 072100000032

REFERENCE : 4.00580

4331939

AUTHORIZATION

COST LIMIT

ORDER DATE: October 6, 1999

ORDER TIME : 12:49 PM

ORDER NO. : 400580

CUSTOMER NO: 4331939

800003007958--8

CUSTOMER: Judy Bernero, Legal Asst

Greenberg Traurig, P.a. 515 East Las Olas Boulevard

Suite 1500

Fort Lauderdale, FL 33301

CHANGE OF AGENT

NAME: VALUES IN EXCESS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Tamara Odom

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 Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: VALUES IN EXCESS, INC.
· · · · · · · · · · · · · · · · · · ·
2. The mailing address of the corporation is: 2450 Hollywood Boulevard, Suite 405,
Hollywood, Florida 33020
3. Date of incorporation/qualification: 05/20/98 Document number: P98000845481
4. The name and address of the current registered agent and office:
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Brian J. Sherr
515 East Las Olas Boulevard
Fort Lauderdale, Florida 33301
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.
David R Land. Sept 13 1999
(Signature of an officer, chairman or vice chairman of the board) (Date)
David Lánski, President (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.
1/1/99
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(7/97)
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314