MAY. 28. 2003,10:52AMratio FOLEY LARDNER

NO. 5220 ag P. 1 of 2

P9800004-6047

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet.

Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000202296 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : FOLEY & LARDNER Account Number : 072720990061

Phone : (904)359-2000 Fax Number : (904)359-8700

999100/0100 #0717

return to

REGISTERED AGENT CHANGE

MNI MANAGEMENT & CONSULTANTS UNLIMITED, INC.

et essiand

Certificate of Status	0
Certified Copy	0
Page Count 01	
Estimated Charge	\$35.00

5/29/03 RA(RO Chang

05/28/2003

	-	17.0502, 617.0502, 607.1508, or 617.1508 corporation organized under the laws of t		
Florida	in order to change	its registered office or registered agent, o	r both, in the State	
of Florida.				
		nagement & Consultants Unlimited, Inc.		
2. The princip	al office address: 160 intern	ational Parkway, Suite 140, Heathrow, FL 32	2746	
3. The mailing	g address (if different):_n/a			
4. Date of inco	prporation/qualification: 5	//21/1998 Document number:	P98000046047	
	nd street address of the curre partment of State:	ent registered agent and registered office or	i file with the	
	F&L Corp.)3 T	
	200 Laura St., The Greenleaf Bldg.			
	Jacksonville, Florida 3220	1-0240	SSET	
6. The name a changed):	and street address of the ne	ew registered agent (if changed) and /or r	registered office STAT	
	200 North Laura Street		— ⊃;;;	
	(P.O. Box or personal mailbox NOT acceptable)			
	Jacksonville, Florida 32202	Σ	_	
The street add	lress of its registered office : ged will be identical.	and the street address of the business offic	ce of its registered	
-and (i. J. DuDad.	n duly adopted by its board of directors or in has been notified in writing of the change are in A.T. Buford - Section (Printed or typed name and title		
	or the appointment as registed to the box of the appointment as registed to comply with the provision of my duties, and I am familient. Or, if this document is to I hereby confirm that the confirmation that the conf	ered agent and agree to act in this capacity on the proper as one of all statutes relative to the proper as iar with and accept the obligation of my publing filed merely to reflect a change in the corporation has been notified in writing of the corporation has been notified in writing the corporation where the corporation has been not the corporation where the corporation where the corporation has been not the corporation where the corporation has been not the corporation where the corporation has been not the corporation where the corporation where the corporation has been not the corporation where the corporat	ty. nd complete position as he registered f this change.	
	(Signature of Registered Agent)	(Date)		
If signing on beh Charles V. Her	•	Authorized Signatory of F&L Cor	'n	
(Typed or Printed Name)		(Capacity)		

* * * FILING PEE: \$35.00 * * *

Make checke payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314