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1(Corp. 2(Corp. 3(Corp.	oration Name)	(Document #) (Document #)		···
Walk in	Pick up time Will wait Photocopy AMENDMENTS: Amendment Resignation of R.A., Officer/Di Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	Certified Copy Certificate of Sta	SECRETARY OF STATE TALLAHASSEE, FLORIDA	APPROVED FILED 98 OCT 26 PM 1: 06

CR2E031(1/95

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED AGENT

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 agent in the State of Florida.

I.G.I., Inc.

1.

The name of the corporation is:

1b.	The mailing address of the corporation is: 1065 Fairfax Circle West Boynton Beach, FL 33462				
1c.	Date of incorporation:	9/23/98	Document number: 498A0	0008 2609 0048094	
2.	The name and address of the current registered agent and office: 물				
	Filings, Inc. 3732 N.W. 16 th Street Ft. Lauderdale, FL 33311		·	98 OCT 26 PH SECRETARY OF TALLAHASSEE, F	
3.	The name and address of	stered agent:	FOR THE		
	Lisa Kline Goldstein, Esq. 1750 University Drive, Suite Coral Springs, FL 33071	126	-	STATE LORIDA	
The s registe	street address of its registere ered agent, as changed, will b	d office and the identical.	the street address of the busin	ess office of its	
	change was authorized by res rized by the Board.	olution duly ad	opted by its Board of Directors o	r by an officer so	
<u> Ail</u>	L Schned-Banic iture of officer)	<u> </u>	DATE: 10/8/98	 	
JILL	SEHNERT - DAVIS and or typed name and title)	<u> </u>	·		
corpor I furti perfor	ration, I hereby accept the app her agree to comply with the	pointment as re provisions of	accept service of process for the egistered agent and agree to act all statutes relative to the property and accept the obligation of	t in this capacity. er and complete	
IM	Muly Witein		DATE: 10/8/98		
LISA F	ture of Agistered agent)		·		
(printe	ed or typed name and title				
If sign	ing on behalf of an entity:				
			CAPACITY:		
(signa			CAPACITY:		