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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.			
(Corporation Name)	(Document #)	IALL OI	
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 Walk in Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability 	 Photocopy <u>AMENDMENTS</u> Amendment Resignation of R.A. Change of Registered 		-
Domestication VIS	Dissolution/WithdraMerger		· · · ·
OTHER FILINGS	REGISTRATION/QU	LIFICATION	
 Annual Report Fictitious Name 	 Foreign Limited Partnership Reinstatement Trademark Other 	• • • _	
· · · · ·		Examiner's Initials	

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 <u>Florida</u> agent or both in			
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: <u>BERGERON</u> SAJD, ROCK LABEREGATE, FUC,			
2. The mailing address of the corporation is: 2710 MUCHEMU AVENUE			
KISSIMMEE, FL 34744			
3. Date of incorporation/qualification: <u>ocr. 9, 1998</u> Document number: <u>P98000087119</u>			
4. The name and address of the current registered agent and office:			
RONALD M. BERGELON SL. (9612 S.W. 69h PLACE FT. LAWERDANE, FL 33332 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) PHIL DE SAT 19612 S.W. 69h PLACE PHIL DE SAT 19612 S.W. 69h PLACE FT. LAWERDALE, FL 33332 Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.			
(Signature of an officer, chairman or vige ekairman of the board). (Date)			
(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. (Signature of Registered Agent)			
If signing on behalf of an entity: PHIL DE SAI REGISTERED AGENT			
(Typed or Printed Name) (Capacity)			
* * * FILING FEE: \$35.00 * * *			

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TALLAHASSEE, FL 32314