P9800088524

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June 30, 1999

ESTATE PLANNING & ADMINISTRATION TAX, CORPORATION & BUSINESS LAW REAL PROPERTY LAW



500002922195--4 -07/02/99--01052--009 *****35.00 *****35.00

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: KARLOVEC GROUP, INC.

Dear Sir or Madam:

Enclosed is an original and one (1) copy of the Statement of Change of Registered Agent for the above referenced corporation, along with a check in the amount of \$35.00 for the filing fee.

Please return to this office, the original recorded Statement of Change of Registered Agent for the corporate record book.

Thank you for your prompt assistance in this matter.

Yours very truly,

Walter B. Shurden

WBS Enclosures

RA Chg.

V. SHEPARD JUL 8 1999

FLORIDA DEPT. OF STATE

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 KARLOVEC GROVE, INC.
- 2. Date of incorporation 10 16 98 Document Number **P98000088524**
- 3. The name and address of the current Registered Agent and office:

 CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TAWA HASSEE, FL 32301-2525
- 4. The name and address of the new Registered Agent and office:

 (Post Office Box Not Acceptable)

 WALTER B. SHURDEN, ESQUIZE, 2310 West Bay Drive, Lauge, FL, 33770

The street address of its Registered Agent and the street address of the business office of its Registered Agent as changed will be identical.

Date

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

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (7-91) forms\corp\regagent.chg

FILING FEE: \$35.00