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Law Offices of
STEPHEN P. SAPIENZA
300 N. State Street
P. O. Box 635
Bunnell, Fl. 32110
(904) 437-1814

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*****35.00 *****35.00

March 15, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Re: Bonnevier-Salley, Inc.

Gentlemen:

Enclosed please find a Statement of Change of Registered Office And Registered Agent form together with a check in the sum of \$35.00.

Please send proof of this change to this office at your earliest convenience.

*RDA Change
3-30-00
PAT*

Very truly yours,



Kathy, Secretary to
STEPHEN P. SAPIENZA

ks
Enclosures

FILED
00 MAR 20 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter No. 072100000032

Date Filed 11/5/98

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the under-
signed corporation, organized under the laws of the State of Florida, submits the following statement for
the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: BONNEVIER-SALLEY, INC.

2. The name and address of its present registered agent is:

Corporation Service Company
1201 Hays Street
Tallahassee, Fl. 32301

FILED
00 MAR 20 AM 8:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

PATRICK M. BONNEVIER

9 Florida Park Dr., P. O. Box 351729

Palm Coast, Fl. 32135.

4. The street address of its registered office and the street address of the business office of its registered
agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of
the corporation so authorized by the board of directors.

Lyn Bonnevier, Vice President
(Typed or printed name and title)

Signature

Lyn Bonnevier

LYN BONNEVIER or Vice President)

Date

3-9-00

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 FUR-
THER 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 UNDER SECTION 607.0505, FLORIDA
STATUTES.

Please Print/Type Name PATRICK M. BONNEVIER

Signature

Patrick M. Bonnevier
(Agent) PATRICK M. BONNEVIER

Date

3-9-2000