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S TALL FA-



RIPAH

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provi statement of change to in order to a	s submitted for a co	7.0502, 617.0502, 6 prporation organized Loffice or registered	i under the laws of t	the State of	/
1. The name of the co	proporation: \sqrt{A}	JustPiAL_	& Loor Co	VO11-9 1	-nc.
2. The principal office	e address: <u>741</u>	Rostack FL	32905		
3. The mailing addre	/				
4. Date of incorporat			Document numb	er: 798000	79434
5. The name and stre Florida Departmen A C G 6. The name and stre (if changed):	obert N Nostoc Alm	BRAJY K CIY Boy FO	(Resign	ned)_	18 NOV -1 AM 6: 0
I hereby accept the I further agree to coperformance of my agent. Or, if this dehereby confirm that	an other or nector appointment as re- comply with the pro- duties, and I am fa ocument is being fi fice corporation h	tion duly adopted bation has been notified by the second of all statute and according to reflect the second of the	dress of the business we its board of direct fied in writing of the Printed or to agree to act in this as relative to the printer of the obligation of the change in the re-	tors or by an office change. Solution Graph of the capacity. Solution as the capacity of my position as the capacity of the	gistered agent, cer so registered
If signing on behalf	1				

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *