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Office Use Only



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M2/16/06-01020-012 **35.00



AOR 3/06

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NED JOHNS & ASSOCIATES INC. (Name of Corporation)
DOCUMENT NUMBER: P 98 0000 99 263
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edward Johns (Name of Contact Person)
Med Johns & Assoc, luc (Firm/Company).
273 Landings Blvd (Address)
Weston FC 33327 (City/State and Zip Code)
For further information concerning this matter, please call:
Ned Johns at (954) 383-8345 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address Street Address

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

* 1 - "

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Ned Johns & Associates, INC.
2. The principal office address: 273 Landings Blud
Weston, FC 33327
3. The mailing address (if different): (SAME)
4. Date of incorporation/qualification: 11/19/98 Document number: P 98 0000 99243
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Schwartz Suzanne W. Eso.
1630 No. Federal Hwy
FT. LAUDERDALE, FL 33305
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Edward W Johns Fig 2 6
273 Landings Blud.
Weston FC 33327
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or prector) Edward W Johns. President (Printed or typed name and title)
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. Or, if this document is being sted merely to reflect a entire in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) 2/13/06 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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