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NEW FILINGS	AMENDMENTS
Section of the sectio	40000453 (4,74,75
Profit	*****35.00 *****35.00
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
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OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign SNIT = 40 ASNITION 100
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Other

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

rursuant to the provisions of sections 607.0502, 617. he undersigned corporation organized under the laws	.0502, 607.1508, or 617.1508, Florida Statutes, of the State of FLONIOA
ubmits the following statement in order to change its	
ho State of Florida	and the second commence of the second control of the second contro
. The name of the corporation: \(\mu/5797\)	FLARIDA HOLDING INC
. The hand of the corporation	20,423
	20 = 0
. The mailing address of the corporation : $\frac{9635}{}$	Mc EWEN RD
Wac.	AS TX 75244
. Date of incorporation/qualification: 12/11/98	Document number: P98646/03
. The name and address of the current registered agent	and office:
MALONO STEVEN	
MALONO STEVEN 215 S. MONROE S	ST. STE(500) PC
TALLAHASSEE FL	AND NO TO
. The name and address of the new registered agent (if	
(P. O. Box Not A	
MALONO STEVEN	n (ST
215 S. MONROES	= S0 17 700 F
JALLAHASSEE FL	32301
he street address of its registered office and the street gent, as changed, will be identical.	
uch change was authorized by resolution duly adopte uthorized by the board.	d by its board of directors or by an officer so
Jans Gla	6-//- 01 (Date)
(Signature of an officer, thairman or vice chairman of the board	d) (Date)
James G-LEACH, (Printed or typed name and title)	President
(Printed or typed name and title)	11000000
laving been named as registered agent and to accept	service of process for the above stated
orporation, I hereby accept the appointment as regist further agree to comply with the provisions of all state erformance of my duties, and I am familiar with and I	tutes relative to the proper and complete
erformance of my duties, and I am familiar with and its existence agent.	accept the obligation of my position as
Alalun	Click
(Signature of Registered Agent)	(Date)
signing on behalf of an entity:	
and an armal,	
(Typed or Printed Name)	(Capacity)

CR2E045(9/00)