

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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RA Change

1.) 128 Incorporated
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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SECRETARY OF DIVISION OF CORPORATION

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De 2/8

Florida Department of State, Sandra B. Mortharr, Secretary 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.

1a. The name of the corporation is: 128 Incorporated

1b. The mailing address of the corporation is: 5798 West Shore Dr
New Port Richey Fl 34652

1c. Date of incorporation: 1/13/99 Document number: 999000003590

2. The name and address of the current registered agent and office:

Henry Pappas
5798 West Shore Dr.
New Port Richey Fl

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Brad Bole
Suite 1180 100 S. Ashley Dr.
Tampa Fl 33602

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.

Alessa Pappas
(Signature of an officer, chairman or
vice chairman of the board)

2/3/99
(Date)

ALESSA PAPPAS
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Bradley M Bole
(Signature of Registered Agent)

2/4/99
(Date)

If signing on behalf of an entity:

BRADLEY M BOLE
(Typed or Printed Name)

Registered Agent/Attorney
(Capacity)

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

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