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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Name

: GREEN SCHOENFELD & KYLE LLP

Account Number : I2000000177 Phone

: (941)936-7200

Fax Number

: (941)936-7997

REGISTERED AGENT CHANGE

MEXMASTERS RALEIGH FALLS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

9/3/2001

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

Pursuant to the provisions of sec the undersigned corporation organ		607.1508, or 617.1508, Florida Statutes, State of Florida	
		red office or registered agent, or both, in	••
the State of Florida.			
1. The name of the corporation:	MEXMASTERS RALEIGH	FALLS, INC.	
			_
2. The mailing address of the corp	oration: 4101 Evans	Avenue	
Fort Myers, Florid	-		_
3. Date of incorporation/qualificat	tion: 1/19/99 👙 🗀	Document number: P99000095167	_
4. The name and address of the cur			T
Bruce D. G	reen		
12800 Univ	ersity Drive, Suite 6	00 E E	
Fort Myers	, Florida 33907	E. 2.	-
5. The name and address of the new	w registered agent (if change (P. O. Box Not Accepta	ed) and/or registered office (if charged): oble)	>
Brue	ce D. Green		
152	O Royal Palm Square Bo	oulevard, #320	
For	t Myers, Florida 3391	9	
The street address of its registered agent, as changed, will be identicated.	office and the street addre	ss of the business office of its registered	
Such change was authorized by re authorized by the board.	solution duly adopted by its	s board of directors or by an officer so	
Vain	Com	<u>8-30-01</u> (Date)	
(Signature of an officer, chairman o	r vice chairman of the board)	(Date)	~
David C. Brown, III (Printed or typed w	President		
	agent and to accept service appointment as registered a provisions of all statutes re	e of process for the above stated gent and agree to act in this capacity. clative to the proper and complete the obligation of my position as	
Mile D M		8-30-01	
(Signature of Registered A	geni)	(Date)	_
If signing on behalf of an entity:			
(Typed or Printed Name)		(Capacity)	
	* * * FILING FEE: \$35.00)***	
CR2E045(9/00)			
DIVISION OF CORPORATION	P.O. Box 6327	TALLAHASSEE, FL 32314	