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(Requestor's Name)			
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Special Instructions to	Filing Officer.		
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TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: D.L. BARNARD, INC. (Name of	corporation)		
DOCUMENT NUMBER: P99000010218			
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
(Name of person)			
D.L. BARNARD, INC. (Name of fire	m/company)		
(1.11110 03 1111	vopu,)		
1206 PONTE VEDRA BLVD.			
(Add	ress)		
PONTE VEDRA BEACH, FL 32082			
(City/state ar	•		
For further information concerning this matter, please call:			
DENNIS BARNARD	at (904) 273-3981		
(Name of person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department	nt of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399		

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

	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida St nitted for a corporation organized under the laws of the State of FLORIDA	atutes, this statement of in order
to change its re	egistered office or registered agent, or both, in the State of Florida.	
I. The name of	f the corporation: D.L. BARNARD, INC.	
2. The principa	al office address: 1206 PONTE VEDRA BLVD.	
PONTE VE	EDRA BEACH, 32082	
3. The mailing	address (if different): SAME	
4. Date of incor	rporation/qualification: 02/02/99 Document number: P9900001	0218
	nd street address of the current registered agent and registered office on file with artment of State:	the
	IONA K. COATES	
	6215 SYRINGA LANE	18 P 1
	JACKSONVILLE, FL 32211	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered offic	FILE MIDIOR
	DENNIS BARNARD	
	1206 PONTE VEDRA BLVD	P
	(P.O. Box or personal mailbox NOT acceptable)	· · · ·
	PONTE VEDRA BEACH, FL 32082	
The street addrechanged will be	ress of its registered office and the street address of the business office of its e identical.	registered agent, as
Sach change who board for the	as authorized by resolution duly adopted by its board of directors of by and corporation has been notified in writing of the change.	fficer so authorized by
I hareby accept I fürther agree duties, and I an haida filedaher	(Signature of an officer of director) (the appointment as registered agent and agree to act in this capacity of comply with the provisions of all statutes relative to the proper and comply with and accept the obligation of my position as registered agent, by to reflect a change in the registered office address, I hereby confirm that writing of this change.	Me and litte) lete performance of my Or, if this document is the corporation has
4	(Signature of Registered Agent) (Date)
It signing on be	ehalf of an entity:	
	(Typed or Printed Name) (Capac	ity)
	* ** FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314