LAW OFFICES

James D. Jackman, P.A.

4608 26TH STREET WEST BRADENTON, FLORIDA 34207 (941) 747-9191 FAX (941) 753-9970

099000011692

Secretary of State State of Florida Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

JAMES D. JACKMAN

500003154475--7 -03/02/00--01060--009 *****35.00 *****35.00

Re: Flemple & Associates, Inc.

Dear Ladies and Gentlemen:

Enclosed is a statement of change of registered agent and my check in the amount of \$35.00. Should you need additional information, please call.

Very truly yours,

JAMES D. JACKMAN, P.A.

James D. Jackiman

JDJ/slb enclosure cc: Jim Flemming

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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.
1. The name of the corporation is: Flemple & Associates, Inc.
2. The mailing address of the corporation is: 6803 7th Ave. Blvd. N.
Bradenton, FL 34209
3. Date of incorporation/qualification: 2/4/99 Document number: p99000011692
4. The name and address of the current registered agent and office:
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32311-2525
5. The name and address of the new registered agent and office:
Jim Fleming
Jim Fleming 6803 7th Ave. Blvd. N.
Bradenton, FL 34209
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.
Address of the sound.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Joyce C. Fleming, President (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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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