Requester's Name LIGHTSEY & ASSOCIATES, P.A. 2600 TECHNOLOGY DRIVE, SUITE 200 ORLANDO, FLORIDA 32804-8002 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 900003345189--0 -08/03/00--01053--012 ****200.08—****35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time ☐ Certified Copy Mail out Will wait ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report □ Foreign

Limited Partnership
Reinstatement
Trademark

Other

V. SHEPARD AUG 1 6 2000

☐ Fictitious Name

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

submits the following statement in order to chang the State of Florida.	e its registered office or registered	agent, or both, in
1. The name of the corporation is: Tball Mc	Ardle, Inc.	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	9,0
2. The mailing address of the corporation is: 21	3 Shady Oaks Cr.	8 502
La	te Mary, FL 32746	S STATE
3. Date of incorporation/qualification: 2/9/99	Document number:e	99000012731
4. The name and address of the current registered a		
Alton L. Lightsey		0 %
_1325 W. Colonial Dr.		1
Orlando, Ft. 32804 5. The name and address of the new registered ager	t and office: (P. O. Box Not Accept	able)
	*	
2600 Technology Dr., #200	·	
Orlando, FL 32804		e e la companya de l La companya de la co
The street address of its registered office and the sagent, as changed, will be identical.		
Such change was authorized by resolution duly add authorized by the board. (Signature of an officer, chairman or vice chairman of the		an officer so
Microson F. Mc Institute Vices From (Printed or typed name and title)	(54.0)	
Having been named as registered agent and to acc corporation, I hereby accept the appointment as re I further agree to comply with the provisions of all performance of my duties, and I am familiar with a registered agent.		e stated his capacity. complete tion as
	7/31/1	
Signature of Registered Agent)	(Date)	
If signing on behalf of an entity-		
If signing on behalf of an entity: (Typed or Printed Name)		

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS