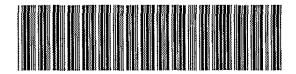
## P99000014639

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJE	ECT: MBSJ Enterpreises, Inc.	poration)	
DOCU	IMENT NUMBER: P99000014639		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
	Richard A. LaFuze		
(Name of Contact Person)			
MBSJ Enterprises, Inc. (Firm/Company)			
7100 Knollwood Drive (Address)			
	Navarre, FL 32566		
(City/State and Zip Code)			
For furt	ther information concerning this matter, please cal	<b>!:</b>	
Richa	(Name of Contact Person)	at (850) 244-5713 (Area Code & Daytime Telephone Number)	
Enclose	ed is a \$35.00 check made payable to the Departme	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: MBSJ Enterprises, Inc. 2. The principal office address: 7100 Knollwood Drive Navarre, FL 32566 The mailing address (if different): 4. Date of incorporation/qualification: 02/12/1999 Document number: P99000014639 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Greg Ross, Esquire 400 SE 8th Street Ft. Lauderdale, FL 33316 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Richard A. LaFuze 7100 Knollwood Drive (P.O. Box NOT acceptable) Navarre, FL 32566 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, or the corporation has been notified in writing of the change. 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. (Signature of Rogistered Agent) If signing on behalf of an entity:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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

\* \* \* FILING FEE: 535.00 \* \* \*

(Typed or Printed Name)