Florida Department of State

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

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: GRAY, HARRIS & ROBINSON, P.A. - ORLANDO

Account Number : 120010000078

Phone

: (407)843-8880

Fax Number

: (407)244-5690

REGISTERED AGENT CHANGE

VENTURE DEVELOPMENT GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

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

the undersigned con		under the laws of t	he State of	FLORIDA	
submits the following the State of Florida.		r to change its reg	istered office or	registered agent,	or both, in
1. The name of the		TURE DEVELOPMENT	GROUP, INC.		
			-		
2. The mailing addr	ess of the corporatio	n: 151 Lookout	Place, Suite 20	Dl, Maitland, FL	32751
Date of incorpora	stion/qualification:_	April 5, 1999	Document :	number: <u>P9900</u> 003	0847
4. The name and ad-	iress of the current r	egistered agent and	l office:		
Kenn	eth W. Wright				200
	. Orange Avenue,	Duito 1005			<u> </u>
	indo, Florida 3280				2001 OCT -3
5. The name and add	lress of the new regi	stered agent (if cha . O. Box Not Acce	inged) and/or reg ptable)	gistered office (if cl	hanged)
Jame	s Balletta		•		ት ት
301	E. Pine Street, Su	wite 1400			ŧ.
	ndo, Florida 32801			·	
The street address o agent, as changed, w	f its registered offic		dress of the busi	ness office of its re	egistered
Such change was au authorized by the bo	thorized by resolution	or duly adopted by	its board of dir	ectors or by an off	īcer so
(Signature i an o	offider, clientrisk of vice ch		. ,	/0-03-01 (Date)	<u>_</u>
	THYCI, COMMINISM OF VICE CI	nairman of the board)		(Date)	
James Balletta, 1	ice President Printed or typed name and	title)			
Having been named corporation, I hereb further agree to co performance of my a registered agent.	ne vanietovač anovt		rice of process for agent and agrees relative to the p opt the obligation	ee to act in this cap proper and comple n of my position as	i pacity. ete . s
(Signan	AN ROUNIER Agent)		(Date	10-03-01	
f signing of behalf of ar	entity:				
(Typed (or Printed Name)		•	Processing 1	
• ••	•			apacity)	
	* * * F	TLING FEE: \$35	.00 * * *		

CR2ED45(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314