

P99000031770

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4000

From:

Account Name : CLOVERLEAF CAPITAL ADVISORS, LLC
Account Number : I19990000230
Phone : (407) 905-9699
Fax Number : (407) 905-9695

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

I-PUBLISHING, INCORPORATED

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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 J. Publishing, Incorporated
2. The mailing address of the corporation P.O. Box 1722, Sarasota, FL 34230
3. Date of incorporation/qualification: 3/30/99 Document number: P99000031770
4. The name and address of the current registered agent and office:

Steven H. King
2501 Bearded Oaks Drive
Sarasota, FL 34237

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P.O. Box Not Acceptable)

George Straschnov
6960 Professional Parkway E.
Sarasota, FL 34240

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

[Signature]
 (Signature of an officer, chairman or vice chairman of the board)

12/10/00
 (Date)

GEORGE STRASCHNOV 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]
 (Signature of Registered Agent)

12/10/00
 (Date)

If signing on behalf of an entity:

[Signature]
 (Typed or Printed Name)

[Signature]
 (Capacity)

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

11CZ-1051W001

Division of Corporations

P.O. Box 327

Tallahassee, FL 32314

E. Nicholas Davis, III
 Cloverleaf Capital Advisors, LLC
 2704 Ren Circle, Ste 105
 Ocala, FL 34761
 (407) 905-9699 / Fax (407) 905-9695
 FAX Audit # H0000000649764

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