

P 99000032070

Law Offices of
STEPHEN P. SAPIENZA
300 N. State Street
P. O. Box 635
Bunnell, Fl. 32110
(904) 437-1814

FILED
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TALLAHASSEE, FLORIDA

March 20, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

8000003183569--8
-03/24/00--01095--004
*****35.00 *****35.00

Re: Matfig Inc.

Gentlemen:

Enclosed please find a Statement of Change of Registered Office And Registered Agent form together with a check in the sum of \$35.00.

Please send proof of this change to this office at your earliest convenience.

Very truly yours,

Kathy
Kathy, Secretary to
STEPHEN P. SAPIENZA

*ROT Change
4-3-00
DMS*

ks
Enclosures

Charter No. P99000032070

Date Filed April 8, 1999

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the under-
signed corporation, organized under the laws of the State of Florida, submits the following statement for
the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: MATFIG INC.

2. The name and address of its present registered agent is:

Corporation Service Company
1201 Hays Street
Tallahassee, Fl. 32301

3. The name and street address to which its registered agent is to be changed is:

(P.O. BOX NOT ACCEPTABLE)

ALLAN M. MATULA

43 Luther Drive

Palm Coast, Fl. 32137

4. The street address of its registered office and the street address of the business office of its registered
agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of
the corporation so authorized by the board of directors.

Allan M. Matula President

(Typed or printed name and title)

Signature

President

~~or Vice President~~

Date March 17, 2000

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR-
THER 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 UNDER SECTION 607.0505, FLORIDA
STATUTES.

Please Print/Type Name

Allan M. Matula

Signature

Allan M. Matula
(Agent)

Date March 17, 2000