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JUNE 20, 2000

Florida Department of State Division of Corporations Corporate Records P.O. Box 6327 Tallahassee, FL 32314

RE: MAXCESS, INC.

Dear Sir or Madam:

Enclosed is duplicate Change of Agent form of the above company for filing with your office. Also enclosed is our check to cover the filing fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed.

Cordially yours,

James A. Curran

President

JJC/as

PRS RACIG 7-EE

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

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
ine State of Florida.
1. The name of the corporation is: MAXCESS, INC.
2. The mailing address of the corporation is: 100 WEST LUCERNE CIRCLE, SUITE 500, ORLANDO,
FL 32801
3. Date of incorporation/qualification: 6/8/1998 Document number: P99000048609
4. The name and address of the current registered agent and office:
JAMES CARL MARCHANT, JR.
14119 WEST NEWEDDAY DOAD
NEWBERRY, FL 32669 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
EDWIN F. BLANTON, ESQ.
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303
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 of an officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Dariel H. Welt CTO, Secretary (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
1/5/00
(Signature of Registered Agent) If signing on behalf of an entity:
•
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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