DOCUMENT # P99000051265 1. Entity Name						OO MAR 20 PM 3 55 TAILANASSEE, FLORIDA
FLORIDA	A LEGAL ASSISTAI	NCE GROUP	P.A.			ACLAHARIY OF PH 3. A
Principal Plac	e of Business	·	Mailing Address			**************************************
6997 MCBRIDE POINTE TALLAHASSEE FL 32312			6997 MCBRIDE POINTE TALLAHASSEE FL 32312-9665			ONIO _A
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE
City & State			City & State		4. F	FEI Number Applied For Not Applicable
Zip	Country		Zip	Country	5. (Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Addres	s of Current Re	gistered Agent	Name	7. 1	Name and Address of New Registered Agent
SMALLRIDGE, GARY C ESQ. 6997 MCBRIDE POINTE					ess (P.O. B	Box Number is Not Acceptable)
TALI	LAHASSEE FL 32312			City		FL Zip Code
8. The above	named entity submits th	s statement for th	ne purpose of changing its	registered office or re	gistered ag	ent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name	of registered agent and	title if applicable. (NOTE	Registered Agent signature r	aquired when re	einstating) DATE
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)		do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Str			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	- 	FICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	Laan men	vallaids e	n +0	NAME		Change Addition 900003195209——7
STREET ADDRESS CITY-ST-ZIP	Tallahasse	eFL 3	323/2	STREET ADDRESS CITY-ST-ZIP		-04/04/0001056011 ****150.00 ****150.00 Change Addition
TITLE NAME STREET ADDRESS		•	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		.	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
	<u> </u>		☐ Delete	TITLE		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack heritary in an address, with all other like empowered.

SIGNATURE:

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICE VIR DIRECTOR

3/20/00 668-4670 Optie Daytime Phone #