Pat & Casey Anderton Top Call Farm 12714 Tyler Run Ave Odessa, FL 33556

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Examiner's Initials

CORPORATION NAME(S)	& DOCUMENT NUMBER(S), (if known	n):
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/Director 23 Change of Registered Agent Dissolution/Withdrawal Merger AMENDMENTS A
<u> </u>	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

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 the State of Florida. I. The name of the corporation is: Top Call Farm, Inc.
the State of Florida
A DA A A A A A A A A A A A A A A A A A
1. The name of the corporation is: 100 Call Farm, Inc.
2. The mailing address of the corporation is: 12714 Tylen Run Ave
Ocessa, Fl 33556
3. Date of incorporation/qualification: 624 1999 Document number: P9900051480
The name and address of the current registered agent and office:
SAN SAN
Lorr to.
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
- Patricia Anderton
,
_ 12714 Tyler Run Ave.
- Odessa F1 33556
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 utilized by the board.
Patricia Ardulm Le/16/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
Patricia Anderton
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated sorporation. I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete serformance of my duties, and I am familiar with and accept the obligation of my position as
tatricia adela (e/16/00)
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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