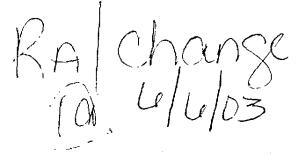
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| ¥ | | |
|---|----------|---|
| (Requestor's Name) | - | |
| (Address) | - | |
| (Address) | - | |
| (City/State/Zip/Phone #) | - | i |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | - | |
| | _ | , |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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13 JUN -2 PH 2: 00

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

| | he provisions of sections 607.03 of change is submitted for a cor in order to change its r | poration organiz | zed under the laws oj | f the State of |
|--|---|--|--|--|
| of Florida. | | | | |
| 1. The name o | f the corporation: MORALES IN | VESTMENTS OF | JACKSONVILLE, IN | 0. * |
| 2. The principa | al office address: 6950 PHILLIP | S HWY, SUITE 1 | 5 | |
| | VILLE, FLORIDA 32216 | | .a | - |
| 3. The mailing | ; address (if different): | ·- | | · · · · · · · · · · · · · · · · · · · |
| , | | | | s . |
| 4. Date of inco | orporation/qualification: 09/29 | 0/1999 | Document number: | P99000086882 |
| | nd street address of the current reartment of State: | egistered agent a | nd registered office | on file with the |
| | MARCIA M. HOWARD | | | <u></u> |
| | 50 NORTH LAURA STREET, | SUITE 3300 | | |
| | JACKSONVILLE, FL 32202 | | | |
| 6. The name a changed): | and street address of the new ro | egistered agent (| (if changed) and /or | registered office (if |
| | 50 NORTH LAURA STREET, S | UITE 3300 | entable) | |
| | JACKSONVILLE, FL 32202 |) | | |
| The street addragent, as chang | ress of its registered office and ged will be identical. | the street addres | s of the business off | ice of its registered |
| フタん | vas authorized by resolution dul the board, or the corporation ha | | | |
| I hereby accep I further agree performance o registered age | or, chairman or vice chairman of the board) of the appointment as registered to comply with the provisions of f my duties, and I am familiar w nt. Or, if this flooument is being thereby confirm that the corpo | l agent and agre of all statutes re with and accept i g filed merely to | lative to the proper of the obligation of my reflect a change in | city. and complete position as the registered |
| | Signature of Registered Agent) | May | 30, 2003 (Date) | |
| If signing on beha | | | Çy | 150 150 150 |
| | on E. Skinner | <u>Pr</u> es | ident | |
| | (Typed or Printed Name) * * * FILIN MAKE CHECKS PAYABLE TO FLOR | NG FEE: \$35.00 | | FILED -2 PM ARY OF S SSEE, FL |
| | DIVISION OF CORPORATIONS, P. | O. Box 6327, TALLAI | HASSEE, FL 32314 | おな び |