Office Use Only

CORPORATION NAME(S) &	& DOCUMENT NUMBER(S).	(if known):
-----------------------	-----------------------	-------------

1. (Corporation Name)	(Document #)	9000033947095 -09/15/0001057006 ******70.00 ******35.00
2(Corporation Name)	(Document #)	to the second of
3. (Corporation Name)	(Document #)	OO SEP
4. (Corporation Name)  Walk in Pick up time	,	Certified Copy.
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A  Change of Register  Dissolution/Withdr  Merger	ed Agent
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QU.  Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)

Examiner's Initials

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

submits	tersigned corporation organized under the laws of the State of
1. The :	name of the corporation is: \\\ \forall \Box \overline{TSTOP, \INC.}
	mailing address of the corporation is: PODD INVERDED
<u>50</u>	129 HARLOW BLUD, JACKSONUMIE FL 32210
3. Date	of incorporation/qualification: OCT, 11, 1990 Document number: 506352
4. The	name and address of the current registered agent and office: Researing
	JERRY R. SMITH SR. PRESIDENT
	9021 MARLEE Rd.
	JACKSONVILLE FL 32222 FS ST
5. The r	name and address of the new registered agent and office: (P. O. Box Not Acceptable)
	CAROLYN SMITH PRESIDENT
	9021 MARIEE Rd.
	TACKSONVILLE FL 32222 5
The stre	bet address of its registered office and the street address of the business office of its registered s changed, will be identical.
Such ch	ange was authorized by resolution duly adopted by its board of directors or by an officer so
	9-13-00
	Signature of an officer, Chairman or vice chairman of the board) (Date)
	Printed or typed name and title)
Having corpora further perform egister	been named as registered agent and to accept service of process for the above stated tion, I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby with the provisions of all statutes relative to the proper and complete ance of my duties, and I am familiar with and accept the obligation of my position as ed agent.
_/	and 9-13-00
<i>ر</i>	(Signature of Registered Agent) (Date)
r signing	on behalf of an entity:
·	(Typed or Printed Name) (Capacity)

CR2E045(7/97)