STONES & CARDENAS ATTORNEYS AT LAW 221 SIMONTON STREET, KEY WEST, FL 33040 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit *****70.00 ****35.00 Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION OTHER FILINGS **QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark DEC 3 0 1997 VS

Examiner's Initials

Other

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF AGENT OR BOTH FOR CORPORATIONS

AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of Section 607.0501 or 607.0502, Florida Statutes, the undersigned under the laws of the State of Florida, submits the following statement in the State of Florida.

1. The name of the corporation is: NORAK OF KEY WEST, INC.

Date of incorporation: February 12, 1991

Document Number: S 315

2. The name and address of the current registered agent and office:

Guy W. Kennen 12 Macaw Lane Key West, FL 33040

3. The name and address of the new registered agent and office:

Guy W. Kennen 3722 N. Roosevelt Blvd. Key West, FL 33040

The street address of its registered agent 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.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLAGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Guy W. Kennen, Registered Agent

DATE 12/20/97

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314