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The end	closed Statem	ent of Change of Register	ed Office/Agent a	and fee are submitte	ed for filing.			
Please return all correspondence concerning this matter to the following:								
		•						
	Patrick E. Geraghty							
Name of Contact Person								
	-	Geraghty, D	ougherty & Ed	wards, P.A.	· · · · · · · · · · · · · · · · · · ·			
Firm/Company								
1531 Hendry Street								
	•		Address	-	 			
		Fort M	lyers, Florida 3	33901				
Fort Myers, Florida 33901 City/State and Zip Code								
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		JoAnn Sharkey	at (239	334-9500			
		e of Contact Person	A A	rea Code & Daytim	334-9500 te Telephone Number			
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		Mailing Address:		Street Address:				
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		P.O. Box 6327	ILIUII3	Clifton Building	_			
		Tallahassee, FL 323	314	2661 Executive				
		•		Tallahassee, FL	32301			

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

Geraghty, Dougherty & Edwards, P.A.

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *