578179



800 TARPON WOODS BLVD. • SUITE F-1 PALM HARBOR, FL 34685

900003562699--4 -01/22/01--01097--009 *****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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CR2E031(7/97)

Examiner's Initials

T BROWN JAN 2 4 2001

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes the undersigned corporation organized under the laws of the State of FLORISY	
submits the following statement in order to change its registered office or registered agent, or both, i	n
the State of Florida. 1. The name of the corporation: NORTH CUTT INC.	
The same of the corporation	
2. The mailing address of the corporation: 800 TARPON WOODS Blvd., Suite	F-1
PAIN HORBOR FL 346P5	<u></u>
3. Date of incorporation/qualification: <u>Sept. 4, 1991</u> Document number: <u>S 78179</u>	········ 상하~ (특 는
4. The name and address of the current registered agent and office:	_
MARK D. BEASLEY	7
800 TARPON WOODS BLUD SWITE F-1 85	
PALM HARROR FL 34685 Fig.	3 (0.
5. The name and address of the new registered agent (if changed) and/or registered office (if changed). (P. O. Box Not Acceptable)	6
JAMES M. NOBLES	
800 TARPON WOODS Blud., SuitE F-1	
PALM HARBOR FL 34685	
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 authorized by the board.	
James M Dobles 1/18/01	
(Signature of an officer, chairman or vice chairman of the board) (Date)	ppii
TAMES M. NOBLES PRESIDENT (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.	
Jamoon Stables	
(Signature of Registered Agent) (Date)	**
If signing on behalf of an entity:	,
(Typed or Printed Name) (Capacity)	TIE. NAME OF
* * * FILING FEE: \$35.00 * * *	
CR2E045(9/00)	