

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

1(Corpo	ration Name) (De	ocument #)
2(Corpo	ration Name) (De	ocument #)
3(Corpo	ration Name) (D	ocument #)
4. (Corpo	oration Name) (D	ocument #)
☐ Walk in	Pick up time	Certified Copy
Mail out	Will wait Photocopy	☐ Certificate of Status
NEW FILINGS	AMENDMENTS	800002858658—6 -04/30/9901096018
Profit	Amendment	*****35.00 *****35.00
NonProfit	Resignation of R.A., Officer/Dire	ector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
	DE CICTE AND V	

OTHER FILINGS
 Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

MAY 6 1999

RA Chg.

Examiner's Initials

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: American Publishing and Advertising, Inc.
- la. Date of incorporation:

10/4/91

Document Number:

S85449

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

HEATHER L. DOUDNA

2536 Countryside Blvd., Sixth Floor

Clearwater, Florida 33763

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

R. Maury Thornton

2536 Countryside Blvd., Sixth Floor

Clearwater, Florida 33763

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Name:

Date