S94763

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CORPDIRECT AGENTS, INC.
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Phone : (850)222-1173
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REGISTERED AGENT CHANGE

CMD OLDSMAR, INC.

Certificate of Status	0
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T. Roberts DEC 20 2007

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

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Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 and 617.1508, Florida Statutes, this Statement of Change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida:

1. The name of the corporation: **CMD Oldsmar, Inc.**

2. The principal office address: **13 Mastic Court West**
Homosassa, Florida 34446

3. The mailing address (if different):

4. Date of incorporation/qualification: **11-15-1991** Document number: **394763**

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Virginia A. Schnekenburger
13 Mastic Court West
Homosassa, Florida 34446

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
(P.O. Box or personal mailbox NOT acceptable)

7. **F&L Corp**
One Independent Drive, Suite 1300
Jacksonville, Florida 32202

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, or the corporation has been notified in writing of the change.

Virginia A. Schnekenburger
(Signature of an Officer, Chairman or Vice Chairman of the Board)

Virginia A. Schnekenburger, President
(Printed or Typed Name and Title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

R.J. Wolfe
(Signature of Registered Agent)

12/19/07
(Date)

If signing on behalf of an entity:

Randolph J. Wolfe
(Typed or Printed Name)

Vice President
(Capacity)

FILING FEE: $35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS—P.O. BOX 6327—TALLAHASSEE, FLORIDA 32314

CR2E045 (8/05)

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