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Walk in Mail out NEWFICINGS Profit NonProfit Limited Liability	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	Certified Copy	SECRETARY TALLAHASSE	F1L
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Walk in Mail out MEW FIGINGS Profit NonProfit Limited Liability Domestication Other OTHER FIGINGS Annual Report	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	Certified Copy	SECRETARY TALLAHASSE	F1L
Walk in Mail out MEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	Certified Copy	SECRETARY TALLAHASSE	F1L
Walk in Mail out MEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certified Copy Certificate of State	SECRETARY OF STATE TALLAHASSEE, FLORIDA	F1L

CR2E031(1/95)

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 the undersigned corporation organized under the submits the following statement in order to change its r both, in the State of Florida.	107.1508, or 617.1508, Florida Statutes, laws of the State of Horida egistered agent, or
1a. The name of the corporation is:	Inc.
1b. The mailing address of the corporation is: P.O. F1. Lauderde, F2 33	Box 5347
1c. Date of incorporation: 11/2691 Document	ment number: <u>\$96409</u>
2. The name and address of the current registered agent A. Son die 200 50. Andrews F1. Laudorde f 3. The name and address of the new registered agent and	Ar. 733316
Patrick D. Dyle	ORDE 5
Dlantation, FZ 33	B3n
The street address of its registered office and the street registered agent, as changed, will be identical.	et address of the business office of its
Such change was authorized by resolution duly adopted to so authorized by the board.	by its board of directors or by an officer
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Parick D. Double Secretary (Printed or typed name and title)	
Having been named as registered agent and to accept corporation, I hereby accept the appointment as registere I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and registered agent.	service of process for the above stated agentand agree to actin this capacity utes relative to the proper and complete accept the obligation of my position as
	9-17-98
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	•
(Typed or Printed Name)	(Capacity)
Division of Corporations, P.O. Box 6327	, Tallahassee, FL 32314

CR2E045(11/94)

FILING FEE: \$35.00