## V13527

Requ	iestor's Name			•			
	Address						
City/State/Z			TD (0) (1	Office Use	e Only		
	'AME(S) & DOCUMEN'			if known):			
. (Corpor	ration Name)	(Docu	ment #)				
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(Согрог	ration Name)	(Docu	ment#)		*****(1)		********
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V FILINGS	AMENDMENTS				<b>#</b>	- 3	
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	Reinstatement						
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Examiner's Initials

DW 1/30

Other

## 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, 607.1508, or 617.1508, 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.

20000	
1.	The name of the corporation is: TBF MIRACLE CITY, INC.
2.	The mailing address of the corporation is:
	Suite 3020 225 South Westmonte Drive Altamonte Springs, Florida 32714
3.	Date of incorporation/qualification: 10/22/92 Document Number: V73527
4.	The name and address of the current registered agent and office:
	Joseph E. Whitaker Suite 3020 225 South Westmonte Drive Altamonte Springs, Florida 32714
5.	The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
	James R. Pratt, Esquire Graham, Clark, Jones, Builder, Pratt & Marks 369 North New York Avenue, 3rd Floor Winter Park, Florida 32789
The stragent,	reet address of its registered office and the street address of the business office of its registered as changed, will be identical.
Such cauthor	hange was authorized by resolution duly adopted by its board of directors or by an officer so ized by the board.
	12.15.97
1 41	(Signature of an officer, chairman, or vice chairman of the board) (Date)
LA	URENCE LUBIN, VICE PRESIDENT (Printed or typed name and title)
corpor I furth perfor	g been named as registered agent and to accept service of process for the above-stated ation, I hereby accept the appointment as registered agent and agree to act in this capacity, were agree to comply with the provisions of all statutes relative to the proper and complete mance of my duties, and I am familiar with and accept the obligation of my position as cred agent.
	12.4.97 (Date)
If sign	ing on behalf of an entity:

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(Printed or typed name)

FILING FEE: \$35.00

(Capacity)