

ACCOUNT NO. :

072100000032

REFERENCE

424725

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: August 15, 2001

ORDER TIME : 3:20 PM

ORDER NO. : 424725-090

CUSTOMER NO: 4369921

CUSTOMER: Ms. Elizabeth Stalker

Canine Companions For

P.o. Box 446

Santa Rosa, CA 95402-0446

000004556180--0

CHANGE OF AGENT

NAME:

CANINE COMPANIONS FOR INDEPENDENCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

15 E Md 12 90 NOISIAIO

10 NOISIAIO

10 NOISIAIO

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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
e undersigned corporation organized under the laws of the State of California bmits the following statement in order to change its registered office or registered agent, or both, in e State of Florida.
The name of the corporation : CANINE COMPANIONS FOR INDEPENDENCE, INC.
The mailing address of the corporation: P.O. Box 446, Santa Rosa, CA 95402-0446
Date of incorporation/qualification: March 06, 1989 Document number: P23272
The name and address of the current registered agent and office:
Margaret Ager, c/o Canine Companions for Independence
1073-B Orienta Avenue
Altamonte Springs, FL 32701
The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
ne street address of its registered office and the street address of the business office of its registered ent, as changed, will be identical.
ach change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
JEAN SCHULZ, PRESIDENT (Printed or typed name and title)
aving been named as registered agent and to accept service of process for the above stated process for the above stated process. I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete process of my duties, and I am familiar with and accept the obligation of my position as a gistered agent.
arol K. Dolor 8/23/01
(Signature of Registered Agent) (Date)
arol K. Dolor, Assistant Vice President
(Typed or Printed Name) (Capacity)

CR2E045(9/00)

* * * FILING FEE: \$35.00 * * *