607318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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PA change

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TALLAHASSEE, FLORIDA

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4/12/12

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 166258 81372A

AUTHORIZATION :

COST LIMIT : $ 35.00

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ORDER DATE : April 12, 2012

ORDER TIME : 10:58 AM

ORDER NO. : 166258-005

CUSTOMER NO: 81372A

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CHANGE OF AGENT

NAME: ROLLADEN, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____

**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, 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: Rolladen, Inc.

2. The principal office address: 550 ANSIN BLVD, HALLANDALE FL 33009

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/22/1979 Document number: 607318

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nicholas E. Christin, Esquire

2800 Ponce de Leon Boulevard, suite 800
P.O. Box NOT acceptable

Coral Gables, FL 33134

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.

Signature of an officer or director

ROBERT HOFFMAN
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.*

Signature of Registered Agent

4/11/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (8/05)