



## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number (850)617-6380

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (212)564-6083 LAHASSEE. FLORID

REGISTERED AGENT CHANGE

SOPAS COMPANY INC.

Certificate of Status	0
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## 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, Plorida Statute statement of change is submitted for a corporation organized under the laws of the State of Delating in order to change its registered affice or registered agent, or both, in the State of Florida	ware	
The name of the corporation: SOPAS COMPANY INC.	L.	
2. The principal office address: c/o Kin Properties, Inc., 185 NW Spanish River Blvd., #	100	
Boca Raton, FL 33431		_
3. The mailing address (if different):		<del>-</del>
4. Date of incorporation/qualification; qualified 12/31/2005 Document number: F050000051	191	- <b>-</b>
<ol><li>The name and street address of the current registered agent and registered office on file with the Florida Department of State:</li></ol>	SEC SACT	
National Corporate Research, Ltd., Inc.	ARE S	TI
515 East Park Avenue	7 NOV 15 P	
Tallahassee, FL 32301		m
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):	STATE FLORID	Ö
c/o Kin Properties, Inc.	<u></u>	
185 NW Spanish River Blvd., #100		
(P.O. Box NOT sockyable) Boca Raton, FL 33431		
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	tered agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	T BO	
By Andrew M. Schreier V.P. 2  Andrew M. Schreier V.P. 2  (Significant of an other or microsor)		Secretary
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 to find duties, and I am familiar with and accept the obligation of my position as recistered agent accumant it being filed mereby to reflect a change in the registered office address, I hereby conficuntion has been notified in writing of this change.  Kin Properties Line.	performance t, Or, if this irm that the	
By: Ale Magistared Agence 11/9/2007	<del></del>	
If signing on behalf of an entity:		
Andrew M. Schreier Executive Vice President		
* * * 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)