Division of Corporations

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (305)672-0686 Fax Number : (305)672-9110

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REGISTERED AGENT CHANGE

DARDEN DIMES, INC.

| Certificate of Status | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes range is submitted for a corporation organized under the laws of the State of _Florid | - T |
|--|--|---|
| | ler to change its registered office or registered agent, or both, in the State of Florida. | |
| I. The name of | the corporation: Darden Dimes, Inc. | |
| | d office address: 5900 Lake Ellenor Drive, Orlando, FL 32809 | |
| | , | |
| 3. The mailing | address (if different): Post Office Box 593330, Orlando, FL 32859-3330 | |
| 4. Date of incom | rporation/qualification: 9/4/1998 Document number: N980000051 | 18 |
| | d street address of the current registered agent and registered office on file with the artment of State: | SAIC |
| | Corporation Service Company | 8 J |
| | 1201 Hays Street | SECRETARY VISION OF CO |
| | Tallahassee, FL 32301 | CORPO |
| 6. The name an (if changed): | d street address of the new registered agent (if changed) and /or registered office | PORATIC |
| | Corporate Creations Network Inc. | N. S. |
| | 11380 Prosperity Farms Road, Suite 221E | |
| | (P.O. Box NOT acceptable) Polim Record Condense El 22410 | |
| | Palm Beach Gardens, FL 33410 | |
| The street address changed will | ess of its registered office and the street address of the business office of its regist to identical. | ered agent, |
| Such change we authorized by t | as authorized by resolution duly adopted by its board of directors or by an officer ha board, or the porporation has been notified in writing of the change. | `so |
| / Vou | a continue or or or continue or or open name and time? A | sst. Scirctory |
| I hereby accept I further agree of my duties, at document is be corporation ha | t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete p nd I am familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address, I hereby confi s been notified in writing of this change. | erformance Or, if this rm that the |
| (\$1 | gnature of Registered Agent) i/9/2006 (Date) | |
| If signing on be | chalf of an entity: | |
| D. Stor | utt, Assistant Secretary. Typod or Printed Name) | |

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

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

CR2E045 (8/05)