

## Florida Department of State

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Division of Corporations

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Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.

Account Number : 076402003516

: (239)514-1000 Phone

Fax Number ; (239)514-0377

## REGISTERED AGENT CHANGE

SMP WHALEN, INC.

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

statement of char	ige is submitted	cnons 607.0302, 617.03 I for a corporation orga registered office or regis	nized under the laws	of the State of _	Florida		<b></b> -
	_	SMP Whalen, Inc.	erea ageni, or voin, . 	in the state of Fi	oraa.		
		7425 Pelican Bay B	lvd #901				
z. The himothan	office worders:	Naples, FL 34108					
3. The mailing as	ddress (if differ						
4. Date of incorp	oration/qualific	ation: 4/15/2004	Document nor	mber: P04000	063298	3	
5. The name and Florida Depart		of the current registered	agent and registered (	office on file wit	h the		
	Les	ter B. Law			_		
	555	1 Ridgewood Dr	ive, Suite 501		•		
	Nap	les, FL 34108			$\widetilde{\Delta}'_{i,s}$		
6. The name and (If changed):	street address	of the new registered ag	ent (if changed) and /	or registered offi	ECRETA LLAHAS	I NIT 90	•
	<del></del>	GFPAC Service	es, LLC		338 78	10	
		5551 Ridgewo	od Drive, Suit	e 501	7,0	Ŧ	П
		(P.O. Box NOT acceptate	-		NTS ATS	ੜ	C
		Naples, FL 34	108		TIE.	47	
The street address changed will	ss of its registe be identical.	ered office and the stree	t address of the busi	ness office of it	s register	ed age	nt,
Such change was authorized by the	s authorized by	y resolution duly adopt corporation has been t	ed by its board of dig officed in writing of	rectors or by an the change.	officer s	0	
	E OT EN OLLIGH OF OF	Tector)	William M. Pears	on, Esq. altorne dortyped name and t	y & repre	sentati	ive
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointme o comply with d I am familian ng filed merely been notified	nt as registered agent a the provisions of all sto with and accept the ab to reflect a change in t in writing of this chang	nd agree to act in th stutes relative to the ligation of my positi he registered office to e.	is capacity proper and com ion as registere address, I heret	iplete per d agent, sy confiri	rforma. Or, if i n that i	nce this the
By:			4-12	-06			
	nature of Registeres	(Agent)		(Date)		-	<del>-</del>
If signing on bel	half of an entit	y;					
	C. Grant,						
<b>\-</b> -	- s		ER 935 00 * * *				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)