P10000053729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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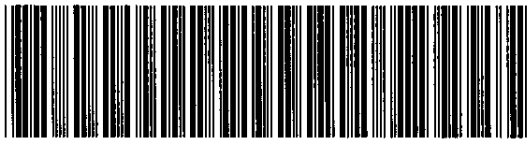

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHERN PRESERVATION INC
Name of Corporation

DOCUMENT NUMBER: P10000053729

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEON F. HANSEN, CPA
Name of Contact Person

CORPORATION PARTNERSHIP & LLC ADVISORS INC
Firm/Company

PO BOX 1264
Address

WINTER HAVEN, FL 33882
City/State and Zip Code

leon_f_hansen_cpa@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEON F. HANSEN, CPA at (863) 604-6655
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2012

LEON F. HANSEN, CPA
CORPORATION PARTNERSHIP & LLC ADVISORS
P.O. BOX 1264
WINTER HAVEN, FL 33882

SUBJECT: SOUTHERN PRESERVATION, INC.
Ref. Number: P10000053729

We have received your document for SOUTHERN PRESERVATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 212A00025615

RECEIVED
26 AM 9:51
DEPT OF STATE
DIVISION OF CORPS
TALLAHASSEE, FLORIDA

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: SOUTHERN PRESERVATION INC

2. The principal office address: 519 S LAKE FLORENCE DR
WINTER HAVEN, FL 33884-2271

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/25/2010 Document number: P10000053729

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)

ROBERT DURHAM
519 S LAKE FLORENCE DR
WINTER HAVEN FL 33884

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

CORPORATION PARTNERSHIP & LLC ADVISORS INC
6753 CHIANINA ST
P.O. Box NOT acceptable
LAKE WALES, FL 33859

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 DURHAM (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 — 10/13/12 (Date)

If signing on behalf of an entity:

LEON F. HANSEN
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 (03/12)