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Division of Corporations

1 (250)617-6380

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053

: (561)694-8107

Phone Fax Number

Fax Number

: (561)694-1639

REGISTERED AGENT CHANGE

NATIONAL PARKINSON FOUNDATION, INC.

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Corporate Filing Menu

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May 23, 2008

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FLORIDA DEPARTMENT OF STATE

NATIONAL PARKINSON FOUNDATION, INC.

1501 N.W. 9TH AVENUE MIAMI, FL 33136-1494US

SUBJECT: NATIONAL PARKINSON FOUNDATION, INC.

REF: 704323

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Tina Roberts
Regulatory Specialist II

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

5616941639

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGEN! OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 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 Forida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: National Parkinson Foundation, Inc. 2. The principal office address: 1501 N.W. 9TH AVENUE <u>MIAMI FL 33136</u> 3. The mailing address (if different): ___ 7/24/1962 Date of incorporation/qualification: Document Number: 5. The name and street address of the current registered agent and registered office on file wit Florida Department of State: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered offi & (if changed): Corporate Creations Network Inc. 11380 Prosperity Farms Road #221E (P.O. Box Not acceptable) Palm Beach Gardens FL 33410 The street address of its registered office and the street address of the business office of it registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by a cofficer so authorized by the board, or the corporation has been notified in writing of the change. by S. Simons as attorney-in-fact (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 egistered agent. Or, if this document is being filed merely to reflect a change in the registered office (ddress, I hereby confirm that the corporation has been notified in writing of this change.

If signing on behalf of an entity:

Samantha Simons, Assistant Secretary
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 3: 314

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107

05/22/2008