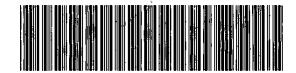
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2009

JOHN BRUNSON JOHN MORGAN BRUNSON, ESQ. 4250 CENTRAL AVENUE ST. PETERSBURG, FL 33711

SUBJECT: P2T, INC.

Ref. Number: P08000095628

We have received your document for P2T, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

THE NEW AGENTS NAME AND ADDRESS MUST APPEAR IN #5. THE NEW AGENT MUST SIGN ACCEPTING THE DESIGNATION BELOW. #5 SAYS" CURRENT REGISTERED AGENT WEARE NOT CHANGING R.A. - ONLY THE ADDRESS, If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 109A00033384

* SEE ARTICLES ATTACHES

* • STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organized	507.1508, or 617.1508, Fl d under the laws of the Sta l agent, or both, in the Sta	ate of Florida	his	_
	he corporation: P2T,					
2. The principal			Boulevard, Suite 50			
3. The mailing a						
4. Date of incorp	ooration/qualification: _	10/2302008	Document number:	P080000)95628	3
	street address of the cu		t and registered office on	file with the		
	John M. Brunson,	Esquire				
	4250 Central Aver	nue			9	SEC
	St. Petersburg, FL	. 33711			- AON 60	- XX
6. The name and (if changed):	street address of the ne	w registered agent (i	f changed) and /or registe	red office	Section states	
		P.O. Box NOT acc	ceptable			14-
			dress of the business offic			nt,
Such change wa authorized by th	ns authorized by resolute board, or the corpora	tion duly adopted by ttion has been notifi	y its board of directors or led in writing of the chan	r by an officer s ige.	3 0	
Signatur	of an officer or director		Art Gisonni,	, President		_
1 1 t	41	gistered agent and a visions of all statute nd accept the obliga ct a change in the r ng of this change.	igree to act in this capaci s relative to the proper a tion of my position as re egistered office address,	ity. nd complete pe gistered agent. I hereby confir	erformai Or, if t m that i	nce his he
Sig	nature of Registered Agent	-	Date			-
If signing on be	half of an entity:					
T	yped or Printed Name					

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