2126 CAPITAL CONNEC 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 Art of Inc. File_____ LTD Partnership File_____ Foreign Corp. File_____ L.C. File____ Fictitious Name File_ Trade/Service Mark Merger File_ Art. of Amend. File RA Resignation ____ Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy_ Photo Copy_ Certificate of Good Standing Certificate of Status_ Certificate of Fictitious Name Corp Record Search_ Officer Search_ Fictitious Search_ Fictitious Owner Search Signature Vehicle Search_ Driving Record_ UCC 1 or 3 File__ Requested by UCC 11 Search__ Name UCC 11 Retrieval__ Will Pick Up Courier_ Walk-In _

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of 102000 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: 1b. The mailing address of the corporation is: 1c. Date of incorporation: Document number: The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) 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. (Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and tide) Having been named as registered agent and to accept service of process for the above stated corporation, Thereby 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. (Signature of Registered Agent) If signing on behalf of an entity: \(\) (Typed or Printed Name) (Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045(11/94)

FILING FEE: \$35.00