506946

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(Address)			
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SECRETARY OF STATE

COVER LETTER

	amendment Section Division of Corporations				
STIB IEC	CoAdvantage Resources 27, Inc.				
SUBJECT: Name of Corporation					
DOCUM	ENT NUMBER: 506946				
The enclo	osed Statement of Change of Registered Office/Agent and fee are submitted for fili	ng.			
Please ret	surn all correspondence concerning this matter to the following:				
	Darlene Lemke				
	Name of Contact Person				
	CoAdvantage Firm/Company				
	111 W Jefferson St Address				
	Address				
	Orlando, FL 32801				
	City/State and Zip Code				
	dlemke@coadvantage.com				
	E-mail address: (to be used for future annual report notification)				
For furthe	or information concerning this matter, please call:				
	Darlene Lemke at (407) 447-1895				
-	Darlene Lemke at (407) 447-1895 Name of Contact Person Area Code & Daytime Telepho	one Number			
Enclosed i	is a \$35.00 check made payable to the Department of State.	₹			
	·	13.00 m			
	Mailing Address: Street Address:	天!!	-		
	Amendment Section Amendment Section Division of Corporations Division of Corporations	ARY SSE	***		
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center C				
	Tallahassee, FL 32301	구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구 구			

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

statement of change is submitted for a	507.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA
in order to change its register	ed office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	CoAdvantage Resources 27, Inc.
2. The principal office address:	3350 Buschwood Park Drive - Ste 200
	Tampa, FL 32801
3. The mailing address (if different):	111 W Jefferson St
	Orlando, FL 32801
4. Date of incorporation/qualification:	7/12/1976 Document number: 506946
5. The name and street address of the c Florida Department of State: (If resign	urrent registered agent and registered office on file with the gned, enter resigned)
Mark Lowrey	
111 W Jefferso	n Street
Orlando, FL 32	2801
6. The name and street address of the n (if changed):Jeffrey J. Sjobe	ew registered agent (if changed) and /or registered office
	od Park Dr - Ste 200
	P.O. Box NOT acceptable
Tampa, FL 33	518
The street address of its registered off as changed will be identical.	ce and the street address of the business office of its registered age
Such change was authorized by resolu authorized by the board, or the corpora	tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
W. We	Miguel A. Maseda, President/ロビウ ゴ
Signature of an officer or director	Printed or typed name and title
I further agree to comply with the province for and I am fa	pistered agent and agree to act in this capacity. Distons of all statutes relative to the proper and completed miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, to been notified in writing of this change.
Southur 60 Kegistered Agent	9 30 13 PE 2
If signing on behalf of an entity:	<u>-</u>
Jeffrey J. Sjobeck	
Typed or Printed Name	

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