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COVER LETTER

SUBJECT: Aggressive Appliances & Fine Furniture, Inc. Name of Corporation DOCUMENT NUMBER: 665531 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: David R. Lenox Name of Contact Person Greenspoon Marder, PA Firm/Company 201 E. Pine Street, Suite 500 Address Orlando, FL 32801 City/State and Zip Code david.lenox@gmlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David R. Lenox Name of Contact Person 1 407 425-6559 Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.	TO: Amendment Sec Division of Cor	ction porations	
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: David R. Lenox	subject: Ag	gressive Appliances & Fir	ne Furniture, Inc.
Please return all correspondence concerning this matter to the following: David R. Lenox Name of Contact Person	DOCUMENT NUMBE	ER: 665	531
David R. Lenox Name of Contact Person Greenspoon Marder, PA Firm/Company 201 E. Pine Street, Suite 500 Address Orlando, FL 32801 City/State and Zip Code david.lenox@gmlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David R. Lenox Name of Contact Person at (407 425-6559 Area Code & Daytime Telephone Number Contact Person Enclosed is a \$35.00 check made payable to the Department of State.	The enclosed Statement	of Change of Registered Office/Age	ent and fee are submitted for filing.
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Same of Contact Person	•	•	-
Firm/Company 201 E. Pine Street, Suite 500 Address Orlando, FL 32801 City/State and Zip Code david.lenox@gmlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David R. Lenox Name of Contact Person at (407) 425-6559 Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.	www.hagermann		
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Contact Person Cont		Address	
Contact Person Cont		Orlando, FL 3	2801
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David R. Lenox at (407) 425-6559 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.		City/State and Zij	p Code
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Enclosed is a \$35.00 check made payable to the Department of State.		rid R. Lenox at	(407) 425-6559
	Name of	Contact Person	Area Code & Daytime Telephone Number
Mailing Address: Amendment Section Amendment Section	Enclosed is a \$35.00 ch	eck made payable to the Department	of State.
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle		P.O. Box 6327	Clifton Building

Tallahassee, FL 32301

40000

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: Aggressive Appliances & Fine Furniture, Inc.
2. The principal office address; 617 Mercy Drive, Orlando, FL 32805
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 04/01/1980 Document number: 665531
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)
Terry A. Brooks
2110 E. Robinson Street Orlando, FL 32803 ALL AHASANY ASSET AND JUL -6
Orlando, FL 32803
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David R. Lenox
201 E. Pine Street, Suite 500
Orlando, FL 32801
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.
Jerry Jaskot, President Printed or typed hame 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.
Muil K. Grecox 1/2/10
Signature of Registered Agent Date
If signing on behalf of an entity: Anni R. Kenox
Typed or Printed Name

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