735698

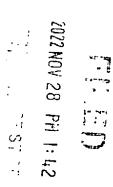
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COVER LETTER

TO: Amendment Section. Division of Corporations
SUBJECT: No COLLY 101 16 The Them of Corporation (SPCA)
DOCUMENT NUMBER: 735698
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:
Name of Contact Person
Name of Contact Person Secretarion the Plant time of Creently to America (SPE) Firm/Company 1 6 9075 215 and St
1075 214 ant St Address Krophyller, Fla- 34613 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (353) 596-1897 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTTLE 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 Alexander Linear in order to change its registered office or registered agent, or both, in the State of Florida.
in order to change its registered office of registered agent, or both, in the state of Piorital.
1. The name of the corporation: Start of feeth Menter of Checkty to House 2. The principal office address: 9075 1100 + 4
2. The principal office address: 90757 × 110 + ++
2. The principal office address: 10,5 % 100-4 11
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/30/1976 Document number: 735698
5. 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)
Florida Department of State: (If resigned, enter resigned) 10 1
Prov-karier, fla 64613
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1347 Coredon- Acr
1347 Coredo- Aux.
•
Apring Heir, Fla 34609
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.
Signature of an officer or directory Signature of an officer or directory Toger Taller 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 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.
Marce Learne Signature of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(04/13)