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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

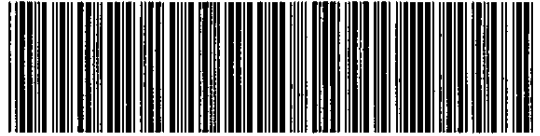
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/21/09
11/21/09
12/21/09

Mary R. Harvey, Esquire
Mary R. Harvey, Esquire P. A.
850 NW Federal Highway
Stuart, FL 34994
Telephone: 772-403-5855
Facsimile: 888-456-1622
Email: mharveylaw@aol.com

August 27, 2009

Catamaran II, Incorporated
Board of Directors
PO BOX 15279
Fort Pierce, FL 34979

Re: Change of Registered Agent - **YOUR IMMEDIATE ACTION IS REQUIRED**

Dear Board:

It has come to my attention that Sachs is still listed with the Division of Corporations as your registered agent.

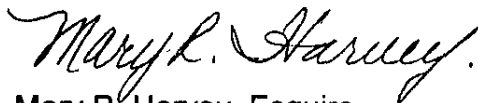
Please sign the enclosed Statement of Change of Registered Agent where indicated.

Then, please mail the **Statement of Change of Registered Agent**, along with the **Cover Letter and your check in the amount of \$35.00 made payable to Department of State** in the addressed-stamped envelope I have provided.

Please keep a copy of everything you send for your records. Once the change is made my office will receive an update from the Division.

Thank you for your immediate attention to this matter.

Sincerely,



Mary R. Harvey, Esquire

enc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Catamaran II, Inc.
Name of Corporation

DOCUMENT NUMBER: 745753

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:

Mary R. Harvey, Esquire
Name of Contact Person

Mary R. Harvey, Esquire P.A.
Firm/Company

850 NW Federal Highway
Address

Stuart, FL 34994
City/State and Zip Code

mharveylaw@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary R. Harvey, Esquire at (772) 403-5855
Name of Contact Person 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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Catamaran II, Inc.

2. The principal office address: 2400 S. Ocean Drive, Ft. Pierce, FL 34949

3. The mailing address (if different): PO Box 15279 , Ft. Pierce, FL 34979

4. Date of incorporation/qualification: Document number:

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)

Associated Corporate Services, LLC

6111 Broken Sound Parkway NW, Suite 200

Boca Raton, FL 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mary R. Harvey, Esquire/ Mary R. Harvey, Esquire, P.A.

850 NW Federal Highway

P.O. Box NOT acceptable

Stuart, FL 34994

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TALLAHASSEE, FLORIDA

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.

Jack E. Dunlap
Signature of an officer or director

JACK E. DUNLAP V.P./PA
Anthony Kuchta
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.

Mary R. Harvey, Esq.
Signature of Registered Agent

August 21, 2009
Date

If signing on behalf of an entity:

MARY R. HARVEY, Esq.
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
CR2E045 (8/05)