

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000064599 3)))



H080000545993ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

1 (M. 1/ ² May Make)

2008 MAR 12 AM 8: 00 Secretary of State Allahassee, florida

REGISTERED AGENT CHANGE

COLE CV KISSIMMEE FL DST

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. CoulHette MAR 1 3 2008

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

statement of chang	ovisions of sections 607.0502, 617.0502, ge is submitted for a trust organiza to change its registered office or registers	ed under the laws of the State of $\underline{\mathbf{D}}$	elaware
1. The name of the	corporation: Cole CV Kissimmee FL DS	т	
	Tice address: 2555 E. Camelback Rd., Ste.		
3. The mailing add			
4. Date of incorpo	ration/qualification: 04/21/2006	Document number:D06000000	0009
5. The name and a Florida Departm	treet address of the current registered agement of State:	ont and registered office on file with	i the
7	IRAI Services, Inc.		
2	2731 Executive Park Drive, Suite 4		O SI TAL
7	Weston FL 33331		00 MAR ECRET
6. The name and s (if changed):	treet address of the new registered agent	(if changed) and /or registered offic	CONTRACTOR CONTRACTOR
_	C T Corporation System		F S
_	c/o C T Corporation System, 120	00 South Pine Island Road	57 ATE
	(P.O. Box NOT ecceptable)		
_	Plantation, Florid	18 33324	
	s of its registered office and the street a e identical. anthorized by resolution duly adopted board, or the corporation has been not		
		Todd I. Weiss, Vice Pres	
SIEMANUR	of an officer or director)	(Printed or Typed name and h	itte)
of my duties, and document is bein	he appointment as registered agent and comply with the provisions of all statu I am familiar with and accept the obligg filed merely to reflect a change in the been notified in writing of this change. I Carporation System	agree to act in this capacity. tes relative to the proper and com gation of my position as registered registered office address, I hereb	plete performance 1 agent. Or, if this 1y confirm that the
By: Maria	Meta Maria Ozacta	March 11, 2008	
(Sign	adre of Registered As Wice President	(Date)	
If signing on beh	alf of an entity:		
Equity Pu	nd Advisors, inc.		
(1)	ped 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 (8/95)

þ