F04000003328

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	(Red	uestor's Na	ame)	
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PICK-U	Р	☐ WAI	Т	MAIL
	(Bus	iness Entit	y Name)	
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DEPAGIMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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2011 MAR 10 PH 5: 01
SECRETARY OF STATE

20R



ACCOUNT NO. : I2000000195

REFERENCE: 702595

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 9, 2011

ORDER TIME : 3:33 PM

ORDER NO. : 702595-040

CUSTOMER NO: 7819783

CHANGE OF AGENT

NAME: CORDIAIP CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ		
in orde	r to change its registered office or regist	ered agent, or both, in the State of Fl	orida.
1. The name of t	he corporation: CORDIAIP CORP.		
2. The principal	office address: 2900 Westchester Ave	e., Suite 103 Purchase, NY 1057	7
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/11/2004	Document number: F040000	03328
	I street address of the current registered a trnent of State:	gent and registered office on file with	h the
	Michael Harrington		_
	13275 W. Colonial Drive		
	Winter Garden FI 34787		TALL SEC
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered offic	SECRETARY OF TALLAHASSEE.F
	Corporation Service Company		70 35 0
	1201 Hays Street		STATE STATE STATE
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	s registered agent,
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an optified in writing of the change.	officer so
Á	2-	Wesly Minella, Secretary	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stated and I am familiar with and accept the obl ng filed merely to reflect a change in the seen notified in writing of this change	utes relative to the proper and com ligation of my position as registered te registered office address, I hereb	•
By:	on Service Company	03/08/2011	
(Sig	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Elizabeth A. I	Dawson, Asst. VP		
(1	Typed or Printed Name)		
	* * * FILING FI	EE: \$35.00 * * *	

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