

F05000003527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

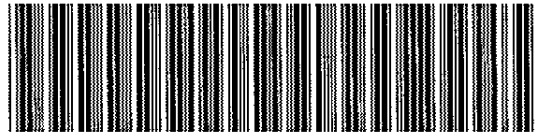
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/02/06--01020--010 \*\*35.00

FILED  
2006 OCT -2 PM 2:51  
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06 OCT -2 PM 2:03  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*R.A. Charge*  
G. Couffette OCT 02 2006

CORPORATE  
ACCESS,  
INC.

"When you need ACCESS to the world"

236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP:

10/2

☐ CERTIFIED COPY

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Amend

1.

Orange Tree Therapies, Inc FOS-3527  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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 NEVADA in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ORANGE TREE THERAPIES, INC.
2. The principal office address: 2248 MERIDIAN BLVD. STE H, MINDEN, NV 89423
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/10/2005 Document number: F05000003527
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MALLER, KAREN

ONE PROGRESS PLAZA NO. 1210

ST. PETERSBURG, FL 33701

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

PARACORP INCORPORATED

236 EAST 6th AVE

(P.O. Box NOT acceptable)

TALLAHASSEE, FL 32303

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DEPARTMENT OF STATE

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 director)

CARL ABRAHAMS, TREASURER  
(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.*

  
(Signature of Registered Agent)

Sept. 26, 2006  
(Date)

Denise Zollner Assistant Secretary

If signing on behalf of an entity: Paracorp Incorporated

DENISE ZOLLNER

(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)