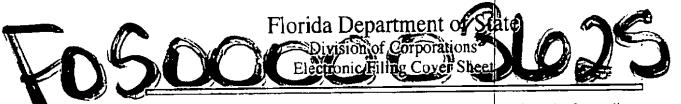
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To:

Division of Corporations

Fax Number : (850)617-6380

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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## REGISTERED AGENT CHANGE STRATEGIC HOLDINGS, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	ige is submitted	ctions 607.0502, 617.0502 d for a corporation organiz registered office or register	zed under the law	of the State of Nevad	. <u> </u>	- <b>-</b>
				,		
<ol> <li>The name of the</li> <li>The principal of</li> </ol>	ne corporation: office address:	STRATEGIC HOLDINGS 700 N.W. 107TH AVENUE	E, Suite 400, MIA	MI, FL 33172		_
3. The mailing ac	dress (if differ	rent):				_
4. Date of incorp	oration/qualific	eation: 06/21/2005	Document n	umber: <u>F05000003625</u>	<u> </u>	
5. The name and Florida Depart	street address ( tment of State:	of the current registered ag (If resigned, enter resigned	ent and registered	office on file with the		
	C T CORPOR	ATION SYSTEM				
	1200 PINE ISI	LAND RD			40	~
	PLANTATIO	N, FL 33324			TAC R	020 J
6. The name and (if changed):	street address	of the new registered agen	t (if changed) and	/or registered office	ETARY	2020 JUL 30
	Corporate Crea	ations Network Inc.			38	A
	801 US Highw	ray l			STA:	AH 10: 30
	North Palm Be	P.O. Box each, Florida 33408	NOT acceptable		ं ल	5
The street addre	ss of its registe be identical.	ered office and the street a	address of the bus	iness office of its regi	stered age	nt,
~		y resolution duly adopted corporation has been not	by its board of d ified in writing o	irectors or by an office if the change.	er so	
		4		in, Attorney-in-Fact		_
I hereby accept I further agree t of my duties, an	the appointme to comply with d I am familian ng filed merely been notified	rector  Int as registered agent and the provisions of all statu  I with and accept the oblivity  I to reflect a change in the in writing of this change.	d agree to act in t ites relative to the gation of my posi e registered office	d or typed name and title his capacity. e proper and complete tion as registered ages address, I hereby con	performant. Or, if t	nce his the
Sig	nature of Repotered	Agent		Date		_
If signing on be	half of an entit	ty:				
Danielle Gossma						
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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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