

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.

(((H090002317323)))



H090002317323ABC

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 : CORPORATION SERVICE COMPANY

Account Number : I20000000195
Phone : (850)521-1000

Fax Number : (850) 558-1575

REGISTERED AGENT CHANGE

MECT 30 AM 8: 80

KOWABUNGA! INC.

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

KA ROCHS
(10 11/2/09

Electronic Filing Menu

Corporate Filing Menu

Help



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

statement of change		607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Nevada ed agent, or both, in the State of Florida.	
1. The name of the	VOYTA DIDIOA L. TNO		
2. The principal off	fice address: 1.5550 Lightwave Di	rive, 3rd Floor, Clearwater, FL 33760	
3. The mailing add	ress (if different):		_
4. Date of incorpora	ation/qualification: 09/27/2005	Document number: F05000005524	_
5. The name and str Florida Departme	reet address of the current registered age ent of State:	nt and registered office on file with the	
·	Aleksandra I. Jagiella, Esq.		
1:	5550 Lightwave Drive, 3rd Flo	oor	
C	Clearwater, FL 33760	_	
6. The name and str (if changed):	reet address of the new registered agent	(if changed) and /or registered office	ì
<u>C</u>	Corporation Service Company		၁ ၁
1	201 Hays Street		2
T	(P.O. Box NOT acceptable) Callahassee, FL 32301		١
	of its registered office and the street ac	idress of the business office of its registered agent,	
Such change was a authorized by the	authorized by resolution duly adopted to board, or the corporation has been notified	by its board of directors or by an officer so fied in writing of the change.	
Maurean	st au officer or director	Maureen Cullen, Attorney in fact	
I hereby accept the I further agree to come of my duties, and I document is being corporation has be Corporation By		agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
(Signat	ture of Registered Agent)	(Date)	
If signing on behal	If of an entity:		
	annoy, Asst. VP		
	* * * 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)