

Florida Department of State

Division of Corporations Public Access System

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Tor

Division of Corporations

Fax Number

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From:

Account Name : CORPORATION SERVICE COMPANY

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

Fax Number : (850)558-1575

7 DEC 28 AH 8: 00 CRETARY OF STATE LAHASSEE. FLORIDA

REGISTERED AGENT CHANGE

REVENUE PROPERTIES (U.S.), INC.

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W. H. W

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

statement of cha	provisions of sections 607.0502, 617.0502, 607. ange is submitted for a corporation organized un er to change its registered office or registered ag	ider the laws of the State of $\overline{ ext{Delay}}$	vare	
	the corporation: REVENUE PROPERTI	•		
2. The principal	office address:			
	Centre Drive, Suite 1000, Mississauga	a, ON L5B 1M3 Canada		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 12/12/2006 r	Document number: F06000070	641	_
	d street address of the current registered agent an runent of State:	d registered office on file with the	***	
	Contega Business Services, LLC		SEC SEC	
	554 Lomax St.		DEC RET	•
	Jacksonville, FL 32204		07 DEC 28 SECRETARY	ī
6. The name and (if changed):	d street address of the new registered agent (if ch	uanged) and /or registered office	PH I	
	Corporation Service Company			
	1201 Hays Street			
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301	·—·		
The street addre	ess of its registered office and the street addres I be identical.	s of the business office of its regist	tered agent,	
Such change was authorized by th	as authorized by resolution duly adopted by its he board, or the corporation has been notified i	s board of directors or by an officer in writing of the change.	r s o	
tane		verley G. Flynn, Secretary		
I hereby actept I fin ther agree to of my duties, an document is beli corporation has	use of an other or director) t the apphiniment as registered agent and agre to comply with the provisions of all statutes re noted an familiar with and accept the obligation ing filed merely to reflect a change in the regis s been notified in writing of this change.	•	performance t. Or, if this irm that the	
By: Cy N	tion Service Company M. Harris Ignature of Registered Agent)	W/28/07		
If signing on be	ehalf of an entity: Cynthla L. Harris Asst. Vice President 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)