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FILED

R.A.

TB 4/9/09

June 3, 2009

VIA US REGULAR MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Achieve CCA, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

∠¢ana Guzman

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

statement of cha	ange is submitted for a c	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Delawar		_
	the corporation: ACHI		-	J		
	office address: 101 N					
<u></u>		SVILLE IN 4770				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: _	01/23/2007	Document number:			2
	d street address of the curtiment of State: (If resign		t and registered office on fi	ile with the		
	BUSINESS FILING	GS INCORPORA	ATED		•	
	1203 GOVERNOR	R'S SQUARE BL	VD SUITE 101		2	
	TALLAHASSEE F	L 32301-2960		SECR ALLA	NOF 6007	
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or registere	HASSEE.	8	
	REGISTERED AG	ENT SOLUTION	NS, INC.	FLO	PH	O
	155 Office Plaza D	Or. Suite A		RIDA	1:47	
	Tallahassee, Florid		серкине	-		
The street addre	ess of its registered office be identical.	ce and the street add	dress of the business office	e of its register	ed ager	ıt,
Such change wa authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	tis board of directors or led in writing of the chang	by an officer so)	
Jeffy Sunatur	re of an officer or director	 -	Seffred or typed name	m:th	c F	<u>ي</u>
I hereby accept I further agree to of my duties, and document is bei	the appointment as rea	isions of all statutes d accept the obligat et a change in the re	gree to act in this capacity is relative to the proper and tion of my position as regi egistered office address, I	17		
XP6			6/3/09			
ν	half of an entity:		Date .			
Sean Pr	ewith Asst S	icretary				

* * * FILING FEE: \$35.00 * * *