

F070000002230

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

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TALLAHASSEE FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
PARK PLUS FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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TO: SECRETARY OF STATE
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1504, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent or both, to the State of Florida.

1. The name of the corporation: PARK PLUS FLORIDA, INC.
2. The principal office address: 200 LESLIE DRIVE STE 420 HALLANDALE FL 33009
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/26/2007 Document number: F0700002230

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State (if resigned, enter resigned)

RESIGNED

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

HQ CORPORATE SERVICES, INC.

1574 VILLAGE SQUARE BLVD, SUITE 100

PO BOX 202404

TALLAHASSEE, FLORIDA 32309

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 this change.

[Signature]
Signature of an officer or director

RONALD ASHUP
Name of officer or director

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. 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]
Signature of registered agent

7/3/12
Date

If signing on behalf of an entity:

KELLI FLANNERY, VP

Typed or Printed Name

*** FILING FEE: \$25.00 ***

MAKE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32316
CRS001 (07/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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