

F08000001632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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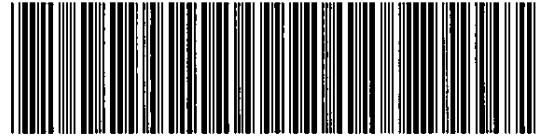
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ADR
3/13/09



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 921322 161031A

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : March 11, 2009

ORDER TIME : 3:39 PM

ORDER NO. : 921322-020

CUSTOMER NO: 161031A

CHANGE OF AGENT

NAME: ARMAND DUPREE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS: _____

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, 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, in the State of Florida.

1. The name of the corporation: ARMAND DUPREE, INC.
2. The principal office address: 14901 South Orange Blossom Trail, Orlando, FL 32837
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/10/2008 Document number: F08000001632

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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 the change.

Maureen Cullen
(Signature of an officer or director)

Maureen Cullen, Attorney-In-Fact
(Printed or typed name and title)

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. Or, 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.

Corporation Service Company

By: Sylvia Queppet
(Signature of Registered Agent)

3-11-09
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Assistant VP

(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)

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF OSCEOLA)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Kimberly K. Weate, the Vice President of ARMAND DUPREE, INC. ("the Company"), a corporation established under the laws of Delaware, does hereby appoint Maureen Cullen and Elizabeth A. Dawson attorneys-in-fact for the Company and for the subsidiary entities, to act for the Company and in the name of the Company for the limited purposes authorized herein.

The Company, having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, Maureen Cullen shall exercise the power of Vice President and Elizabeth A. Dawson shall exercise the power of Secretary, or, in the case of entities having managers or other positions of authority rather than officers such as Vice President or Secretary, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the earlier to occur of (a) completion and filing of the documents necessary to effect the changes in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to Maureen Cullen and Elizabeth A. Dawson.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 3rd day of February, 2009 (the "Effective Date").

ARMAND DUPREE, INC.

BY: Kimberly K. Weate
Kimberly K. Weate
Vice President

Subscribed and sworn to before me this 3rd day of February, 2009.

Nancy A. Kling
Notary Public

