F08000002461

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DR 3/11/11



ACCOUNT NO. : 12000000195

REFERENCE: 702595 7819783

AUTHORIZATION

COST LIMIT

ORDER DATE: March 9, 2011

ORDER TIME : 3:34 PM

ORDER NO. : 702595-045

CUSTOMER NO: 7819783

CHANGE OF AGENT

NAME: CORDIA PREPAID CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation or	0302, 607.1308, or 617.1308, Florida Statutes, this ganized under the laws of the State of Nevada
	3 3 3	gistered agent, or both, in the State of Florida.
	the corporation: CORDIA PREPAI	
2. The principal	l office address: 2900 Westchester A	Ave., Suite 103, Purchase, NY 10577
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 06/02/2008	Document number: F08000002461
	nd street address of the current registere artment of State:	ed agent and registered office on file with the
	NRAI Services, Inc.	
	515 E. Park Ava	10000000000000000000000000000000000000
	Tallahassee, FL 32301	P. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
6. The name and (if changed):		agent (if changed) and /or registered office
	Corporation Service Company	<u> </u>
	1201 Hays Street	
	(P.O. Box NOT accept	able)
	Tallahassee, FL 32301	
The street address changed will	ress of its registered office and the strell be identical.	eet address of the business office of its registered agent,
Such change was authorized by the	vas authorized by resolution duly ador the board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.
2		Wesly Minella, Secretary
· ·	ture of an officer or director)	(Printed or typed name and title)
I further agrée of my duties, an document is bei corporation has	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the ing filed merely to reflect a change in seen notified in writing of this changon.	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the age.
By:	ion Service wimpany	3/8/20/1 (Date)
(Si	gnature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
Elizabeth A. I	Dawson, Asst. VP	
(*)	Typed or Printed Name)	

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