F0800003500

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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TO ACKNOWLEDGE SUFFICIENCY OF FILING

RECEIVED
DEPARTHENT OF STATE
DIVISION OF CORPORATIONS

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£00250,00721,00672



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 858845

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : July 21, 2011

ORDER TIME : 9:44 AM

ORDER NO. : 853845-030

CUSTOMER NO: 7843516

CHANGE OF AGENT

NAME: MYTHICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2011

CSC

Atten: Stephanie Milnes 1201 Hays Street Tallahassee, FL 32301

SUBJECT: MYTHICS, INCORPORATED

Ref. Number: F08000003500

RESUBMIT

Please give original submission date as file date.

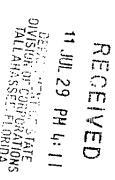
We have received your document for MYTHICS, INCORPORATED and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 011A00017903



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

	ange is submitted for a corporation organized under the laws of the State of Virginia	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: MYTHICS. Incorporated	_
2. The principal	I office address:	
1439 N GRE	EAT NECK RD, VIRGINIA BEACH, VA 23454	_
3. The mailing a	address (if different):	_
4. Date of incor	poration/qualification: 08/08/2008 Document number: F08000003500	_
	d street address of the current registered agent and registered office on file with the rtment of State:	
	C T Corporation System	
	1200 South Pine Island Road	1
	Plantation, FL 33324	•
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Corporation Service Company	•
	Corporation Service Company	ב
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
/ Xnls	Dale E. Darr, Vice President	
	ure of an officer or director) (Printed or typed name and title)	
hereby accept further agree i of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change.	
By: Corporation	Service Company 7/27/2011	
(Sig	ghature of Registered Agent) (Date)	
f signing on be	shalf of an entity:	
Elizabeth A. Dav	wson, Asst. Vice President	
. (Т	Fyped or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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