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DEPARTMENT OF STATE

14 APR 18 2: 01.

C. LEWIS

APR 2 1 2014

EXAMINER

TALLAHASSEELFLORIDA

14 APR 18 AH 10: 00

APPROVED



PORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 099784

7297236

\_1% - ++

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: April 18, 2014

ORDER TIME : 11:59 AM

ORDER NO. : 099784-015

CUSTOMER NO: 7297236

## CHANGE OF AGENT

NAME: ANDREEDD PARTNERS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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 Delawaye in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ANDREEFF PARTNERS, INC.
2. The principal office address: 140 E.St. Lucia Lane
Santa Rosa Beach, FL 32459
3. The mailing address (if different): 450 Laurel St., Ste. 2105
Baton Rouge, LA 70801
4. Date of incorporation/qualification: 12/31/2008 Document number: F0900000009
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)
Corpdirect, Agents, Inc.
1200 Sixty Pine Island Record Ex
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 comparation has been notified in writing of the change.
Dane Andreeff, Pres. Signature of an officer or director  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:  Signature of Registered Agent  Date:
If signing on behalf of an entity:
Maris Mc Culley  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 (03/12)

APPROVED