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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

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

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REGISTERED AGENT CHANGE
THE CHARGE KEEPERS, INC.

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

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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, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of ALABAMA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: THE CHARGE KEEPERS

2. The principal office address: 3302 S.E. 7TH ST. OCALA FL 34471

3. The mailing address (if different): PO BOX 1004 MADISON
MADISON, ALABAMA 35758

4. Date of incorporation/qualification: 03/02/2010 Document number: F10000001065

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)

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 N. DALE MABRY HWY STE 110
TAMPA, FL 33618

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

EVELYNN HOLT
3602 S.E. 7TH STREET
P.O. Box NOT acceptable
OCALA, FLORIDA 34474

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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.

Evelyn Holt
Signature of an officer or director

EVELYNN HOLT, PRESIDENT
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. 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.

Evelyn Holt
Signature of Registered Agent

12/22/2010
Date

If signing on behalf of an entity:

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

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