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TO: Amendment Section Division of Corporations

SUBJECT: Professional Services CATADR, Inc	
Name of Corporation	
DOCUMENT NUMBER: F110000003005	
The enclosed Statement of Change of Registered Office/Agent ar	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the fol	lowing:
Cheryl A Turner	
Name of Contact Person Professional Services CATADR, Inc	
Firm/Company 1005 SE 10th St	
Address Okeechobee, FL 34974	
City/State and Zip Code	
caturner@mac.com	
E-mail address: (to be used for future annual report notifical	lion)
For further information concerning this matter, please call:	
Cheryl A Turner 513-4	84-4780
Name of Contact Person Are	a Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)