

F96000005465

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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**REGISTERED AGENT CHANGE
THE ALPEN HOUSE ULC, CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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20 5/12

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 Province of Alberta in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Alpen House ULC, Corporation
2. The principal office address: 14875 Bayview Avenue, Aurora, Ontario Canada L4G 3G8
3. The mailing address (if different): 455 Magna Drive, Aurora, Ontario Canada L4G 7A9

4. Date of incorporation/qualification: April 18, 2006 Document number: F96000005465
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)

Mark Roberts

15045 NW 141st Court

Williston, FL 32696

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

C T Corporation System

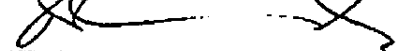
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.



Signature of an officer or director

Belinda Stronach, President

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.

C T Corporation System

By: Conner Bay
Signature of Registered Agent

5/11/2015

Date

If signing on behalf of an entity:

Mark Roberts
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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