

F 98000003803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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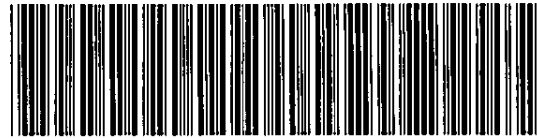
(Business Entity Name)

(Document Number)

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PA
Change

12/27/13
DC



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 912169 7739920

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 26 2013

ORDER TIME : 8:30 AM

ORDER NO. : 912169-060

CUSTOMER NO: 7739920

CHANGE OF AGENT

NAME: WILDLIFE ADVENTURES
INTERNATIONAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: WILDLIFE ADVENTURES INTERNATIONAL, INC.
2. The principal office address: C/O 16506 POINTE VILLAGE DRIVE 201, LUTZ, FL 33558
3. The mailing address (if different): PO BOX 2240, LAND O' LAKES, FL 34639
4. Date of incorporation/qualification: 07/06/1998 Document number: F98000003803
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)

RODNEY BOHN

16506 POINTE VILLAGE DRIVE 201

Lutz, FL 33558

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

Tallahassee

P.O. Box NOT acceptable

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 corporation has been notified in writing of the change.


Signature of an officer or director

DEBORAH A. BOHN

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.

By: 
Signature of Registered Agent

12-24-13
Date

If signing on behalf of an entity:

Carina L. Dunlap

Asst. Vice President

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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