## "H77780

(Requestor's Name)
(Address)
(Address)
(188.555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dustriess Entry (tame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528 HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

(	OA	18.	39

## CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

LISTING OF 39 CHANGE OF AGENT FORMS ATTACHED

ALONG WITH A CHECK FOR \$1,365,00 IN PAYMENT OF GROUP

ALONG WITH A CHECK FOR \$1,.	0.00	O IN LATMENT OF GROOT	
Filing Evidence   ■ Plain/Confirmation Copy		Type of Document  ☐ Certificate of Status	
□ Certified Copy □		□ Certificate of	Good Standing
		<ul><li>Articles Only</li></ul>	
Retrieval Request  Photocopy  Certified Copy		Articles & A	Oocuments to Include mendments me Certificate
NEW FILINGS		AMENDMENTS	
Profit		Amendment	
Non Profit		Resignation of RA Officer/Director	·
Limited Liability	X	Change of Registered Agent	39 FILINGS
Domestication		Dissolution/Withdrawal	See List
Other		Merger	
-			
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement ·	
Reinstatement		Trademark	
· · · · · · · · · · · · · · · · · · ·		Other	

## • STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ie provisions of sections 607.0302, 617.0302, 607.1308, or 617.130 hange is submitted for a corporation organized under the laws of t der to change its registered office or registered agent, or both, in to	he State of FLORIDA			
1. The name of	of the corporation, COADVANTAGE RESOURCES 13, INC.				
2. The principal	pal office address: 3350 BUSCHWOOD PARK DR STE 200, TAMPA	FL 33618			
	g address (if different): 135 W CENTRAL BLVD, ATTN: D LEMKE DO, FL 32801	S1E 000,			
4. Date of incor	orporation/qualification: 9/25/1985 Document number				
	and street address of the current registered agent and registered office partment of State: (If resigned, enter resigned)	ce on file with the			
	SJOBECK, JEFFREY J				
	3350 BUSCHWOOD PARK DR STE 200				
	TAMPA, FL 33618				
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or re				
	NRAI Services, Inc.	14 JUL -2 FH 2			
	1200 South Pine Island Road				
	P.O Box NOT acceptable				
	Plantation, Florida 33324				
The street address changed will	dress of its registered office and the street address of the business ill be identical.	office of its registered agent			
Such change wa authorized by the	was authorized by resolution duly adopted by its board of directo the board, or the corporation has been notified in writing of the	rs or by an officer so change.			
N	JEFFREY J SJOBECK	, SECRETARY			
<i></i>		ed name and title			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	It the appointment as registered agent and agree to act in this ca to comply with the provisions of all statutes relative to the prop of my duties, and I am familiar with and accept the obligation of this document is being filed merely to reflect a change in the regi m that the corporation has been notified in writing of this change	pacity. her and complete my position as registered istered office address, I h.			
NRAI S By:	Services, Inc. Ed Hand 6/38/14	•			
Sig	Signature of Registered Agent	ate			
If signing on be	behalf of an entity:				
ED HAND, ASS	SST SEC				
Т	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)