200238

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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phon	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIT

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	CoAdvantage Resources 9,	Inc.	
SODO	Name of C	Corporation	
DOCU	UMENT NUMBER: J00238		
The en	closed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matte	er to the following:	
	Darlene Lemke		
	Name of Co	ntact Person	
	CoAdvantage		
		ompany	
	111 W Jefferson S	st	
		ress	
	Orlando, FL 3280	01	
		nd Zip Code	
	dlamks@aaadyaa		
	dlemke@coadvan E-mail address: (to be used for f		
	`	•	
For fur	ther information concerning this matter, please	call:	
	Darlene Lemke	at (407) 447-1895	
	Name of Contact Person	at (407) 447-1895 Area Code & Daytime Telephone Number	
Enclos	ed is a \$35.00 check made payable to the Depar	ARE	_
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	1

CR2E045 (03/12)

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

Statement of change is statement in order to change	ubmitted for a c	· · · · · · · · · · · · · · · · · · ·	d under the law	s of the State of	FLORIDA
1. The name of the corpo	oration:	CoAdvantage Reso	ources 9, Inc.		
2. The principal office a	ddress:	3350 Buschwood F	ark Drive - Ste	200	
		Tampa, FL 32801			
3. The mailing address (if different):	111 W Jefferson St		<u> </u>	
		Orlando, FL 32801			
4. Date of incorporation/	qualification: _	2/17/1986	Document n	umber:J0023	8
5. The name and street a Florida Department of			nt and registered	d office on file v	ith the
	Mark Lowrey				-
1	11 W Jefferson	n Street			_
C	Orlando, FL 32	801			
6. The name and street as (if changed):	ddress of the ne	ew registered agent (if changed) and	/or registered of	ffice
J	effrey J. Sjobe	ck			
3	350 Buschwoo	od Park Dr - Ste 200			
	El 000	P.O. Box NOT acco	eptable .		•
	ampa, FL 336	018			•
The street address of its as changed will be ident	registered official.	ce and the street add	ress of the bus	iness office of i	s registered agent,
Such change was author authorized by the board,	ized by resolut or the corpora	ion duly adopted by tion has been notific	its board of di ed in writing of	rectors or by an the change.	officer so
Signature of an offi	cer or director		Miguel A. M	laseda, Preside	C D (A)
I hereby accept the appo I further agree to compl performance of my dutie agent. Or, if this docum hereby confirm that the	ointment as reg y with the prov s. and I am fan	isions of all statutes niliar with and acce	gree to act in the relative to the pt the obligation	nis capacity. proper and com m of my position	mplesen ST T T T T T T T T T T T T T T T T T T
	•		91	30/13	
Menufure of Re	gistered Agent		,	Date	25 0819
If signing on behalf of an	n entity:				* ***
. Jeffrey J. S Typed or Prin	<u> </u>				

* * * 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)