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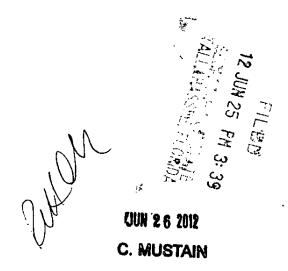
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: McNeel International Corporation

Name of Corporation

DOCUMENT NUMBER: K9452

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Burns

Name of Contact Person

McNeel International Corporation

Firm/Company

P. O. Box 23887

Address

Tampa, FL 33623

City/State and Zip Code

dmcfarland@micfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Burns

,813

286-8680

Name of Contact Person

Area 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change is submitted for a corporation organ in order to change its registered office or register	nized under the laws of the State of Florida
1. The name of the corporation: McNeel Internation	· ·
2. The principal office address: 5401 W. Kennedy	Blvd., #751, Tampa, FL 33609
3. The mailing address (if different): P. O. Box 2388	37, Tampa, FL 33623
4. Date of incorporation/qualification: 01/23/90	Document number: K94523
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	gent and registered office on file with the
Antonio M. Pruna	
5401 W. Kennedy Blvd., Suit	e 751 ⊋ ∄
Tampa, FL 33609	
6. The name and street address of the new registered ager (if changed):David A. Burns	nt (if changed) and /or registered office
5401 W. Kennedy Blvd., Suit	e 751
P.O. Box NOT	
Tampa, FL 33623	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	
MA	Clayton W. McNeel, President
Signature of a folicer or director I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflect the confirm that the corporation has been notified in	utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address. I
to AR	June 20, 2012
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FE	E: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314