Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JAM MARK LIMITED Account Number : I20000000112

Phone : (305)789~7758

Fax Number

: (305)789-7799

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REGISTERED AGENT CHANGE LEVENGER COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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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 State statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Flori	rida
The name of the corporation: Levenger Company	
2. The principal office address: 420 S. Congress Avenue, Delray Beach, FL 33445	
3. The mailing address (if different): 420 S. Congress Avenue, Delray Beach, FL 33	445
4. Date of Incorporation/qualification: 8/17/90 Document number:	L94604
 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) 	ાહ
Valdes-Fauli Corporate Services, Inc.	
777 S. Flagler Street, Suite 500 East	7 × 0
West Palm Beach, FL 33401	5 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	PILEO IDEC 18 AM UNE 1487 OF LANASSEE, F
Corporate Creations Network Inc.	AMIO:
11380 Prosperity Farms Road, #221E	₩ 4
Palm Beach Gardens, FL 33410	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered agent.
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	icer so
Steven Hansen, Chief Finan	
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hereby corporation has been neglified in writing of this change.	te performance sent. Or, if this onfirm that the
10/18/09	
Signature of Registered Agent If signing on behalf of an entity:	
Jim Herkins, VP	

* * * 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 (8/05)