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



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DEC 20 2010.

COVER LETTER

| TO: Amendmer Division of | nt Section f Corporations | | | | | |
|----------------------------|---|--|--|--|--|--|
| SUBJECT: | Florida's Great North | | | | | |
| DOCUMENT NU | MBER: N0000 | 0007656 | | | | |
| The enclosed States | ment of Change of Registered Office/A | gent and fee are submitted for filing. | | | | |
| Please return all co | rrespondence concerning this matter to | the following: | | | | |
| | , | | | | | |
| , | Brian A. Crumba Name of Contac | aker, Esq. | | | | |
| • | Number Somme | | | | | |
| Hopping Green & Sams, P.A. | | | | | | |
| | Firm/Comp | | | | | |
| | | | | | | |
| | P.O. Box 6 | | | | | |
| | Address | | | | | |
| • | Tallahassee, Flo | rida 32314 | | | | |
| | Tallahassee, Flo City/State and 2 | ip Code | | | | |
| | BrianC@hgsla | w.com | | | | |
| _ | E-mail address: (to be used for futu | | | | | |
| | | | | | | |
| For further informa | ation concerning this matter, please call: | | | | | |
| Br | rian A. Crumbaker | at (850) 222-7500 | | | | |
| Nan | ne of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.0 | 0 check made payable to the Departme | nt 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

| in orde | inge is submitted for a corporati r to change its registered office | or registered | l agent, or both, in the | _ | | | - |
|---|---|--|---|---|---------------------------------|---------------------------------|--------------------|
| | the corporation: Florida's G office address: 4471 Legend | | | , Florida | 32541 | 1 | |
| | | | | | | | |
| 3. The mailing a | ddress (if different): same as | principal | · | | | | |
| 4. Date of incor | poration/qualification: 11/1 | 6/2000 | _ Document number: | N | 00000 | 00765 | 6 |
| | I street address of the current reg tment of State: (If resigned, ente | | t and registered office | on file witl | h the | | |
| | Cristie M. Kedroski (resig | gned) | | | | | |
| | 4471 Legendary Drive, Suite 100 | | | | SEC | 2010 | |
| | Destin, Florida 32541 | | | | AHA | 7910 DEC | T |
| 6. The name and (if changed): | street address of the new registe | ered agent (i | f changed) and /or regi | istered offic | F 9 | 15 PM | |
| | Brian A. Crumbaker | | · | | STAT | ဏ္ | |
| | 119 South Monroe Stree | t, Suite 30 | 0 | | 70 T | 94 | |
| | | O Box NOT acc | eptable | | | | |
| | Tallahassee, Florida 323 | 01 | • | | | | |
| The street addre as changed will | ss of its registered office and the identical. | he street add | ress of the business o | office of its | registe | red age | nt, |
| Such change was authorized by the | as authorized by resolution duly be board, or the corporation has | y adopted by been notific | tits board of directors its writing of the ch | s or by an on ange. | officer s | so | |
| Signatu | e of an optice or three libr | | Jeff Helms Printed or typed | COBD I name and titl | e | <u></u> | _ |
| heleby accept in heleby accept of my duties, an document is bei corporation has | the appointment as registered is comply with the provisions of all and accept and accept filled merely to reflect a chable been notified in writing of this | agent and a f all statutes t the obligat nge in the re change. | gree to act in this cap relative to the prope ion of my position as gistered office addre: | acity. r and com registered ss, I hereby | plete pe l agent y confir | erforma Or, if i m that i | nce this the |
| 75 | | | 14 Pacari | 30- ZC1 | ی. | | |
| _ | nature of Registered Agent | | Dat | te | | | |
| If signing on be | half of an entity: | | | | | | |
| T | ped or Printed Name | <u> </u> | | | | | |
| | * * * FIL | ING 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)