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COVER LETTER

Amendment Section Division of Corporations DOCUMENT NUMBER: 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: For further information concerning this matter, please call:

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 409 E. Gaines Street Tallahassee, FL 32399

TO:

'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 Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Horosof
<u>in order</u> to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Giff Gives Tate Contional Inc.
2. The principal office address: 5401 Fine Island Fload, Time.
Supplied Division of the Supplied Division Division of the Supplied Div
3. The mailing address (if different):
Scite 19, Phintation, the 350
4. Date of incorporation/qualification: 115/03 Document number: NOSOOCOS
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Marclevitt Office Mail
9330 NW 10thst 8255 W. Singe Blud.
Plantation, F133302 Plantation, F13330
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Office Mailing Address
3324 W. University Ave. Scite 3/3
Gainesuille FL 32602
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Months (Brighture of an othicer or director) (Printed or typed name and title)
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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Marc Lands 7/2264 ===================================
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * FILING FEE: \$35.00 * * *