103000002636

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,	Office Use On	h.,

ŧ



02/14/12--01004--014 **35.00

2012 FEB 14 PH 12: 08 ECRETARY OF STATE

R.A.

FEB 1 6 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations Association, FUC. SUBJEC lame 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:

Name of Contact Person
Goeder AchMCZUK, PLLC
8950 Fortana De 1 Sol Ward Ste 100
NGPLOS, FL BHD9
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

<u>Mailing Address:</u> 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

& Daytime Telephone Number

١M

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 Florida.

1. The name of the corporation 2. The principal office address: (

3. The mailing address (if different):_

4. Date of incorporation/qualification: Document number:

5. 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)

INC/

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

O Bm centable

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.

IN OOL Ames of an officer or directe ted of typed name and I hereby accept the appointment as registered agent and agree to act in this capacity. Jurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Tap 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. Registered Agent If signing on behalf of an entit Typed or Printed Name ٠. * * * 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)