10400001329

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| , (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
AND ANSSEE, FLORID.



COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Young Professionals Inc. (Name of Corporation) |
| DOCUMENT NUMBER: NO400001329 |
| 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: |
| J. Daniel Sinclair (Name of Contact Person) |
| (Firm/Company) |
| 7250 College Parkery, Suite 3: |
| Fort Myers FC 33907 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| T. Dan'el Sinclair (Name of Contact Person) at (239) 481 - 4811 (Area Code & Daytime Telephone Number) |
| (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

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

| | 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 Horida |
| | in order to change its registered office or registered agent, or both, in the State of Florida. |
| | 1. The name of the corporation: Young Pro Ressionals Inc. 2. The principal office address: 7250 College Parkers, Suita 3 Stress is the Cultant address) Fort Myers, FL 3390> 3. The mailing address (if different): |
| | 2. The principal office address: 17250 College Parkua, Suita 3 |
| this a | Idress is the Current ullies) Fort Maces FL 3390> |
| Fr Gu | st changed) |
| • | 3. The mailing address (if different): |
| | |
| | 4. Date of incorporation/qualification: 2/10/2004 Document number: NO40000 / 325 |
| | 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| | J. Daniel Sinclair |
| | 12800 University Or Suite 210 Per 3 TI |
| | Fort Myers, FL 33907 E 3 |
| | 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| | Noples - Law Dock Inc. 1395 Panther Lane 300 (P.O. Box NOT acceptable) Naples FL 34109 |
| | 1395 Panther Lane 300 |
| | Naples FC 34109 |
| | 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 comporation has been notified in writing of the change. |
| | J. Dante Sincian, Val. (Printed of 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. |
| | (0/8/07 |
| | (Signature of Registered Agent) (Date) |
| | If signing on behalf of an entity: |
| | Cryped or Printed Name) |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *