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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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
	in order to change its registered office or registered agent, or both, in the State of Florida.
andomi	1. The name of the corporation: Whe lendences At Chemotion 2. The principal office address: 1 nc. 8390 Champion gate Blvd Suit 304
Milanam	saate <u>H</u> 33896
x cur ip is	3. The mailing address (if different):
	4. Date of incorporation/qualification: 75/2004 Document number: NO400007154
	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) MMUNITU Waranamort Professionals Inc.
	4700 millenia Blyd Suite 515
	Orlando A 32839
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
	alegis Community Management Solutions
	8390 (nampions/fett Blvo 844 304
	Championsgall of 33896
	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.
,	Signature of an officer or director My Frinted or typed name and title My f.
	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. Dr. 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.
	Choly ASS TE
	Signature of Registered Agent Date
	Signature of Registered Agent Date Fig. 3. If signing on behalf of an entity:
	LIKE GRUFAN Typed or Printed Name

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