

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
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REGISTERED AGENT CHANGE

PLODZIEN FAMILY FOUNDATION, INC.

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**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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PLODZIEN FAMILY FOUNDATION, INC.
2. The principal office address: 9250 BLIND PASS RD
SARASOTA FL 34242
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/16/2007 Document number: NO7000000465
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

R. SCOTT COLLINS200 S. ORANGE AVENUESARASOTA, FL 34236

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

R. DAVID BUSTARD200 S. ORANGE AVENUE(P.O. Box NOT acceptable)SARASOTA, FL 34236

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.

James Vincent Plodzien
(Signature of an officer or director)

James Vincent Plodzien President
(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.

R. David Bustard
(Signature of Registered Agent)

2-5-08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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