10800000631

	Requestor's Name)	
	Address)	
(Address)	
	City/State/Zip/Phone	#)
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COVER LETTER

Amendment Section

TO:

Division of Corporations					
SUBJECT: CIVICATION, INC. Name of Corporation					
DOCUMENT NUMBER: NO 8 0000 6631					
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:					
KEN HURCEY Name of Contact Person					
Firm/Company					
4830 ATLANTIC BCUD. Address					
JACKSONVILLE, FL 32207 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
KEN HURCEY Name of Contact Person at (90 4) 591-7634 Area Code & Daytime Telephone Number					
Name of Contact i cison Area Code & Daytine 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 **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 statement of change is submitted for in order to change its regist	a corporation organize	d under the laws of	the State of	
The name of the corporation:		•	v	
2. The principal office address:		LANTIC B	LVA.	
3. The mailing address (if different):			322	
4. Date of incorporation/qualification	1 7/14/2008	Document numb	ner: NO 8	00000 6631
5. The name and street address of the Florida Department of State: (If re		nt and registered off	fice on file with	the
BUSIN	ESFILINGS	INC		
1203	GOVERNOR	Savar	E BLUD,	STE 601
TALLA	ESFICINGS GOVERNOR 4459 EE , F	c 3230	<u> </u>	AU CAR LAH
6. The name and street address of the (if changed):				SE _ T
Ke	N HURCEY			FLOR
48	30 ATLAN	MC BLV	b	37 DA
JACK	N HURCEY 30 ATLAN P.O. BOX NOT ac	FL 32	207	
The street address of its registered of as changed will be identical.	office and the street add	dress of the busine	ss office of its	registered agent,
Such change was authorized by reseauthorized by the board, or the corp	olution duly adopted boration has been notifi	y its board of directied in writing of th	ctors or by an o	fficer so
Khinley		KEN Printed or	HURCE	F
I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar with document is being filed merely to recorporation has been notified in wr	registered agent and a provisions of all statute a and accept the obliga eflect a change in the r	garee to act in this	canacity	
Khuly		8/6/=	2009	
Signature of Registered Agent If signing on behalf of an entity:		7 (Date	
Typed or Printed Name	* * * FILING FEE:	. 625 00 + + +		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314