

NO 9000011474

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE  
KAETA CORPORATION

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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: KAETA CORPORATION
2. The principal office address: 912 WINTER GARDEN DR.  
SARASOTA, FL 34243
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/1/2009 Document number: N09000011474
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)

UNITED STATES CORPORATION AGENTS, INC.13302 WINDING OAKS BLVD., STE A-100TAMPA, FL 33612

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

AGENTS AND CORPORATIONS, INC.300 FIFTH AVENUE SOUTH, SUITE 101-330P.O. Box NOT acceptableNAPLES, FL 34102

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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]  
 Signature of an officer or director

BHARAT CHANDLA, 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.

By: [Signature] V.P.  
 Signature of Registered Agent

12/3/10

Date

If signing on behalf of an entity:

John L. Williams  
 Typed or Printed Name

\*\*\* 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 (8/03)