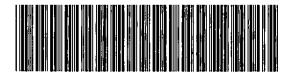
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SECRETARY OF STATE
INTERNATIONAL ANASSEE, FLORIDA

AUG 1 2 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: The Picnic Project Inc. Name of Corporation		
DOCUMENT NUMBER: N 11 00000 9314		
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:		
Brooke D. McKendnick Name of Contact Person		
The Picnic Project, Inc.		
13 Colomba Road Address		
De Bary PL 32713 City State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Brooke D. McKendrick at (386) 837-0060 Name of Contact Person 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 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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <u>Flor</u> は
in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: The Picnic Project Inc.
2. The principal	office address: 13 Colomba Road
	De Bary Fr 32713
3. The mailing ac	ddress (if different): Sam L
4. Date of incorp	oration/qualification: 9 30 2011 Document number: N 11 000009314
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Brooke D. McKendrick
	13 Santiago Rd.
	De Bay Fr 3213
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Brooke D. McKendrick
	13 Colomba Road P.O. Box NOT acceptable
	DeBay F2 32713
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
BON	Brooke D. Mukendrick Director Printed or typed name and title Director
•	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete The comply with the provisions of all statutes relative to the proper and complete The comply with the provisions of all statutes relative to the proper and complete The complete with the complete address, I writing of this change.
13DV	Wi 8/1/16
If signing on beh	ature of Registered Agent Date palf of an entity:
Tva	ned 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