00000098695 000004852960--6 -01/28/02--01069--013 *****70.00 *****35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) ☐ Walk in Certified Copy Pick up time Photocopy Certificate of Status ☐ Will wait ☐ Mail out **AMENDMENTS** NEW FILINGS Amendment ☐ Profit Resignation of R.A., Officer/Direct Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication ☐ Merger Other REGISTRATION/OUALIFICATION OTHER FILINGS ☐ Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The	name	of	the	corporation	ie.
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Bushido Ventures, Inc.

2. The mailing address of the corporation is:

3403 Foxmeadow Court, Longwood, FL 32779

3. Date of incorporation/qualification: October 10, 2000_

Document number: P00000098695

4. The name and address of the current registered agent and office:

Frank Ioppolo 9235 Bay Point Drive Orlando, Florida 32819

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable

Frank Ioppolo 450 South Orange Avenue Suite 650 Orlando, FL 32801

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.

Name:

Title:

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314