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FLORIDA COMPLIANCE SPECIALISTS, INC.



DAVE TAYLOR, PRESIDENT

2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	Celes	prati	m 1	Vew Meg	lia	Inc.
2.	,	Corporation		_ (1	Jocumen	L#)
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NEW	FILINGS		AMEND	MIENTS		
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Limite	d Liability		Change of Registered Agent			
Dome	stication		Dissolution/Withdrawal			
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Other

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	he provisions of sections 607.0502	, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement Florida		ration organized under the laws of the State of
of Florida.	in order to change its regi	istered office or registered agent, or both, in the State Media, Inc.
	al office address: 1809 E. Broadwa	
3. The mailing	g address (if different): 4464 Markh	am Street, Ste. 2301 Victoria, British Columbia, CA
4. Date of inco	orporation/qualification:11/6/200	Document number: P0000010389
5. The name a		stered agent and registered office on file with the
	581 Wellesley Street	-
	Oviedo, FL 32765	
6. The name a changed):	and street address of the new regi	stered agent (if changed) and /or registered office (if
	2331 Hansen Place (P.O. Box or personal	l mailbox NOT acceptable)
	Tallahassee, FL 32301	· =
The street add agent, as chan	lress of its registered office and the ged will be identical.	e street address of the business office of its registered
	was authorized by resolution duly a the board, or the corporation has been corporation or vice chairman of the board)	adopted by its board of directors or by an officer so been notified in writing of the change. Robin Gardner Poncia, Director (Printed or typed name and title)
I hereby accept I further agree of performance of registered age office address	of the appointment as registered and to comply with the provisions of my duties, and I am familiar with ent. Or, if this document is being for I hereby confirm that the corpora	gent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as filed merely to reflect a change in the registered ation has been notified in writing of this change.
If signing on beh	(Signature of Registered Agent) natf of an entity:	(Date)
David Taylor		President of Florida Compliance Specialists
	(Typed or Printed Name)	(Capacity)

* * * FILING FEE: \$35.00 * * *