

Division of Corporations

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4000

From: Account Name : SALLEY, FEINEBERG & HAMES, P.A.
Account Number : 072100000223
Phone : (407) 426-2360
Fax Number : (407) 426-2361

REGISTERED AGENT CHANGE

TILT WORKS, INC.

Certificate of Status	0
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DIVISION OF CORPORATIONS

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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, 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 : TILT WORKS, INC.

2. The mailing address of the corporation : 547 Fairfax Avenue, Winter Park, FL 32789

3. Date of incorporation/qualification: December 1, 2000 Document number: P080000110988

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

SFH&H Corporate Services, Inc.

390 North Orange Avenue, Suite 2500

Orlando, Florida 32801

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

William E. Hires, Jr.

547 Fairfax Avenue

Winter Park, Florida 32789

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.

(Signature of an officer, chairman or vice chairman of the board)

12-8-00

(Date)

William E. Hires, Jr., President

(Printed or typed name and 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.

(Signature of Registered Agent)

12-8-00
(Date)

If signing c

(Typed or Printed Name)

(Capacity)

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