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Division of Corporations Public Access System

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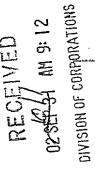
rrom:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number : 076077002775 : (407)246-8692 Phone

: (407)423-7014

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REGISTERED AGENT CHANGE

CO-ADVANTAGE ADMINISTRATIVE SERVICES, INC.

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

	the provisions of sections ned corporation organized		507.1508, or 617.1508, Florid Year of Florida	la Statutes,
			red office or registered agent,	or both, in
the State of F		, 15 Blooming 1 7,15 1 - 3-1-1-1		-
-				. ,
_CO-ADVAN	WTAGE ADMINISTRATIVE SE	RVICES, INC.		
2. The mailin	ng address of the corporation	on:		<u></u>
111 W.	Jefferson Street, Suite	: 100, Orlando, Flori	đa 32801.	
3. Date of in	corporation/qualification:	12/07/00	Document number: P000001	12166
4. The name	and address of the current	registered agent and of	fice: 5	7 S S
	William H. Robbinson	, Jr.		
	111 W. Jefferson Str	eet, Suite 100		翌二
	Orlando, florida 328			P P
5. The name	and address of the new reg	gistered agent (if change P. O. Box Not Accepta	ed) and/or registered office (if ble)	02 OCT -1 PM 12: 04 SECRETARY CONTROL SECRETARY
	W. Graham White			
	250 Park Avenue South	h, 5th Floor		7
	winter Park, Florida	32789	14-11	
The street ad agent, as cha	ldress of its registered offi nged, will be identical.	ice and the street addre	ss of the business office of its	registered
Such change authorized by	was authorized by resolu y the board.	tion duly adopted by it	s board of directors or by an c	fficer so
(Signate	uri o l un ollicer, chairma n or vice	chairman of the board)		
William H. R	dobbinson, Jr., Secreta (Printed or typed name a	cy und tide)		
Having been corporation, I further agre performance registered as	named as registered ager I hereby accept the appore ee to comply with the pro- of my duties, and I am fa- sent.	nt and to accept service intment as registered a visions of all statutes re miliar with and accept	e of process for the above stat gent and agree to act in this c clative to the proper and comp the obligation of my position	ed capacity. olete as
MI	Fro ho Miles (Signature of Registered Agent)	10,	9/30/07	
If signing on bo	chalf of an entity:		, .	
	(Typed or Printed Name)		(Capacity)	
	ske ske si	* FILING FEE: \$35.0	0 * * *	
CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 32314	

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