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ACCOUNT NO. : 12000000195 REFERENCE: 982639 7849166 AUTHORIZATION COST LIMIT : ORDER DATE: November 16, 2011 ORDER TIME : 12:14 PM ORDER NO. : 982639-005 CUSTOMER NO: 7849166 CHANGE OF AGENT NAME: STEWART M. COOKE, P.A. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

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

| statement of ch | nange is submitted for a corporation orga | 502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida. | | |
|---|---|--|----------------|---|
| 1. The name of | f the corporation: Stewart M. Cooke, I | P.A | | |
| 2. The principa | al office address: 255 University Dr., C | Coral Gables, FL 33134 | *** | |
| 3. The mailing | address (if different): | | | |
| 4. Date of inco | rporation/qualification: 03/07/2001 | Document number: P01000024218 | | |
| | nd street address of the current registered artment of State: | agent and registered office on file with the | | |
| | Robert W. Stewart, P.A. | | | |
| • | 18001 Old Cutler Road, Suite 600 |) | | |
| | Miami, FL 33157 | | | |
| 6. The name an (if changed): | nd street address of the new registered ago | ent (if changed) and /or registered office | 2011 NOV 4 6 | |
| | 1201 Hays Street | , EE | • | , |
| · | (P.O. Box NOT acceptable | le) | PA V | |
| | Tallahassee, FL 32301 | | 2: 3 | |
| The street addr as changed wil | ress of its registered office and the stree ll be identical. | et address of the business office of its registered agent; | <i>1</i> (1) — | |
| Such change wanthorized by | vas authorized by resolution duly adopt the board, or the corporation has been n | ed by its board of directors or by an officer so notified in writing of the change. | | |
| SH | nurchy an officer or director) | Stewart M. Cooke, President (Printed or typed name and title) | • | |
| I hereby accep I further agree of my duties, a document is be corporation ha Corporat By: | at the appointment as registered agent a | · · · · · · · · · · · · · · · · · · · | | |
| | chalf of an entity: | \- ····', | | |
| Kimberly B. | • | | | |
| _ | (Typed or Printed Name) | _ | | |

* * * FILING FEE: \$35.00 * * *
KS PAYABLE TO FLORIDA DEPARTMENT OF STA

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)