P01000089428

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



800252250148

10/01/13--01031--001 **1330.(

FILED

13 OCT -1 PM 12: 2!

SECRETARY OF STAIL

COVER LETTER

Division of Corpo			
SUBJECT:	CoAdvantage Resources-Florid	da, Inc.	
BODDISC1.	Name of Corp	poration	
DOCUMENT NUMBER	R:P01000089428		
The enclosed Statement o	f Change of Registered Office/A	Agent and fee are submitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Darlene Lemke		
	Name of Conta	ct Person	
	CoAdvantage		
	Firm/Com	pany	
	111 W Jefferson St		
	Addres	S	
	Orlando, FL 32801		
	City/State and 2	Zip Code	
	dlemke@coadvantag	e.com	
E-mai	l address: (to be used for futu	re annual report notification)	
For further information co	ncerning this matter, please cal	l :	
Darlene Lemke)	at (407) 447-1895 Area Code & Daytime Telephone Number	
Name of C	ontact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.			
Ā D P.	Iailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

CR2E045 (03/12)

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

statement of cha	nge is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA red office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation:	CoAdvantage Resources-Florida, Inc.
2. The principal office address:		3350 Buschwood Park Drive - Ste 200
*		Tampa, FL 32801
3. The mailing address (if different):		111 W Jefferson St
		Orlando, FL 32801
4. Date of incorp	oration/qualification:	09/10/2001 Document number: P01000089428
	street address of the c tment of State: (If resi	current registered agent and registered office on file with the gned, enter resigned)
	Mark Lowrey	
	111 W Jefferso	on Street
	Orlando, FL 3	2801
6. The name and (if changed):		new registered agent (if changed) and /or registered office
	Jeffrey J. Sjob	еск
	3350 Buschwo	ood Park Dr - Ste 200
	Tampa, FL 33	P.O. Box NOT acceptable
_	ss of its registered off be identical.	rice and the street address of the business office of its registered agent, ation duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.
W.7	UL.	LEE 3
Signatur	e of an officer or director	Printed or typed name and title
I further agrée to performance of i	o comply with the pro	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I as been notified in writing of this change.
On	A[][H	9/30/13
Bilg	ature of Registered Agent	Date
If signing on beh	alf of an entity:	
	frey J. Sjobeck	
1 9]	Jon of Franço Hame	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)