Po1000094949

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | ídress) | |
| (Ci | ty/State/Zip/Phone | e #} |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

SUBJECT: Activity Replayed Corporations

SUBJECT: Name of corporation)

DOCUMENT NUMBER: PO 1 000 94949

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RON STACK

(Name of contact person)

ACTIVITY ROLL CO

(Firm/Company)

202 WEST CAR ST, SULTTE 206

(Address)

ACCADIA TO AR ST, SULTTE 206

(City/state and zip code)

For further information concerning this matter, please call:

RON STACK

(Name of contact person)

at (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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, this |
|--|
| statement of change is submitted for a corporation organized under the laws of the State of #CONTON |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: PCTIVITY REMITY CU. |
| 2. The principal office address: QOZ WEST OAK STREET, |
| SUTTE 206, ARCADIAR 34266 |
| 3. The mailing address (if different): (Smf) |
| |
| 4. Date of incorporation/qualification: 9/28/201/ Document number: P0/1000 94949 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| STACK, ROLALD J. JR 3 3 |
| 1720 EL JORGAN RD, SUITE JOG" |
| PORT CHARLOTTS, FR 33945 To |
| 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): |
| SPACK, ROMAND J. JR. |
| 202 WEST OAK ST, SUITS 206 |
| ARCADA, P2 34266 |
| 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, or the corporation has been notified in writing of the change. |
| (Signature or an orsuser of an eccor) Republication or super name and tiple) Republication |
| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| (Signature of Registered Agent) 7/8/04 (Date) |
| If signing on behalf of an entity: |
| ACTIVITY REALTY CO. |
| (Typed or Printed Name) |

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