PO/UD/0-1086

(Requestor's Name) .						
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJECT: Vertical Integration, Inc. Name of Corporation							
DOCU	MENT NUMBER:	P01000	101086				
The en	closed Statement of Chang	e of Registered Office/Ag	gent and fee are subm	itted for filing.			
Please	return all correspondence of	concerning this matter to t	he following:				
	·	_	_				
Ann W. Duncan Name of Contact Person							
		Vertical Integra					
		Firm/Compa	any				
		3000 Bayport Drive	, Suite #150				
		Address					
		Tampa, Florida City/State and Z	33607				
		Only state and 2	ip code				
		aduncan@vertical-into	egration.com				
	E-mail addre	ss: (to be used for futur	e annual report not	ification)			
For fur	ther information concernin	g this matter, please call:					
	Ann W. Dun	can	. 813 ·	864-1688			
	Name of Contact I	Person	Area Code & Day	864-1688 time Telephone Number			
Enclose	ed is a \$35.00 check made	payable to the Departmen	t of State.				
	Division P.O. Box	ent Section of Corporations	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, I	Section orporations ing ve Center Circle			

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo l under the laws of the Sta l agent, or both, in the Sta	_{ite of} Florida
1. The name of t	he corporation: Vertic	al Integration,	Inc.	
	office address: 3000 B	ayport Drive, Su	uite #150	
3. The mailing a	ddress (if different): 300 Florida 33607	00 Bayport Drive	e, Suite #150	
4. Date of incorp	oration/qualification:	10/18/2001	Document number:	P01000101086
	street address of the cur tment of State: (If resign		t and registered office on t	file with the
	Ann W. Duncan			
	600 North Westsho	ore Boulevard, S	uite #200	
	Tampa, Florida 336	309		
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or register	2009 HAY 1 1 SECRETAR TALLAHASS
	Ann W. Duncan			SR
	3000 Bayport Drive			E.F.LOS
	Tampa, Florida 33	P.O. Box NOT acc	eptable	INTE ORID
The street addre	ess of its registered office		lress of the business offic	— >
Such change wa authorized by th	is authorized by resolutine board, or the corporat	on duly adopted by ion has been notific	its board of directors or ed in writing of the chang	by an officer so ge.
Signatur	e of an officer or director		Ann W. Dunca	in, President
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statutes I accept the obligat t a change in the re g of this change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address,	ty. nd complete performance zistered agent. Or, if this I hereby confirm that the
	nature of Registered Agent		May 5, Date	2009
Vertic	half of an entity: Cal Integra Append or Printed Name	ation		

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