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Division of Corporations

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From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number : 072731001155 : (813)253-2020 Fax Number : (813)251-6711

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## REGISTERED AGENT CHANGE HIERONYMUS, INC.

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Electronic Filing Menu

Corporate Filing Menu

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9/14/2011

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this imperior in submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Hieronymus, Inc.
	office address: New address: 601 Bayshore Boulevard, Suite 700, Tampe, FL 33606
_	ddress (if differem): New address: c/o Peter T. Kirkwood, Esq. 601 Bayshore Blvd.,  0, Tampa, Florida 33606
4. Date of incom	poration/qualification: 12/21/2001 Document number: P01000120525
	street address of the current registered agent and registered office on file with the trnent of State: (If resigned, enter resigned)
	Stephen Reynolds, Esq.
	201 N. Franklin Street, Suite 2000
	Tampa, Florida 33602
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  Peter T. Kirkwood, Esq.
	Peter T. Kirkwood, Esq.
	Peter T. Kirkwood, Esq.  601 Bayshore Boulevard, Suite 700  P.O. Box NOT accoptable  Tampa Florida 33606
	P.O. Box NOT acceptable
	Tampa, Florida 33606
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
///	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.  Michael J. Connelly, President  Finited or typed name and title
l herejvy accept i I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete performance at 1 am familiary with and accept the obligation of my position as registered agent. Or, if this not proper and complete performance are filled merely to reflect a change in the registered office address, I hereby confirm that the peen notified in writing of this change.
Sign	Anure of Registered Agent 9 13 20 11
if signing on be	palf of an entity:
Ту	ped or Printed Name
	* * * 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 (8/05)