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C. LEINIS AUG 28 2013 EXANNINER

COVER LETTER

Division of Corporations			
SUBJECT: INTERNATIONAL 1-JUDE CAMPS, INC. Name of Corporation			
DOCUMENT NUMBER: <u>\range 02000008170</u>			
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:			
SOHN KARAFFA Name of Contact Person			
C/O THC Firm/Company			
2849 PATRIOTS LANDING DRIVE Address			
City/State and Zip Code			
TKARAFFA @ PROSPORT CPA. Com E-mail address: (to be used for future annual report notification)			
2-man address. (to be used for fatale annual report neutrousers)			
For further information concerning this matter, please call:			
TOHN KARAFFA at (804) 363 9684 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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 <u>FLOCIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: INTERNATIONAL HUP CAMPS, INC.
2. The principal office address: 2849 PATRIUTS LANDING DRIVE
QUINTON, NA 2314/
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/24/3012 Document number: Pozoucou 8/70
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
MARTIN FITZ PATRICK (RESIGNED 04/11/2013) 215 S. MONROE ST., STE. 400
215 S. MUNROE ST, STE. 400
TALLAHASSEE, PL 30301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MATTHEW F172 PATRICK
439 VICKS LANDING DRIVE SS P.O. Box NOT acceptable SS APOPKA F2 32712
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 of an officer or director To HW KARAFPA, DIRECTOR Printed or typed name and title
I hereb 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 Date
If signing on behalf of an entity:
Marinew J. F. t. spatrick

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