P0200040335

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

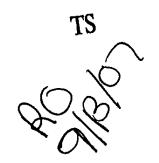




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09/06/07--01009--019 **35.00

07 SEP -6 PH 12: 48
SECRETARY OF STATE
ALLAHASSEE FIRM



COVER LETTER

| 10. | Division of Corporations | | | | | |
|--------|--|---|--|--|--|--|
| SUBJI | ECT: Running Wolf Conservatory, Inc | poration) | | | | |
| • | ` · | • | | | | |
| DOCU | JMENT NUMBER: P02000040335 | | | | | |
| The en | nclosed Statement of Change of Registered Office/A | Agent and fee are submitted for filing. | | | | |
| Please | return all correspondence concerning this matter to | the following: | | | | |
| | | | | | | |
| | Mark Fish | | | | | |
| | (Name of Conta | ct Person) | | | | |
| | | | | | | |
| | | | | | | |
| | (Firm/Company) | | | | | |
| | | | | | | |
| | 4117 Gardner Dr (Address) | | | | | |
| | (Audies | | | | | |
| | Port Charlotte, FL 33952 | | | | | |
| | (City/State and | Zip Code) | | | | |
| For fu | rther information concerning this matter, please cal | - !: | | | | |
| | | | | | | |
| Mark | (Name of Contact Person) | at (941) 613 - 6779 (Area Code & Daytime Telephone Number) | | | | |
| | (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | | | |
| Enclos | sed is a \$35.00 check made payable to the Departme | ent of State. | | | | |
| | | | | | | |
| | Mailing Address: | Street Address: Amendment Section | | | | |
| | Amendment Section | | | | | |
| | Division of Corporations | Division of Corporations | | | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | | | |
| | ranguannee, i lo 14.714 | ZUUL LAGGUUYG GALIIGI GALAG | | | | |

Tallahassee, FL 32301

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

| statement of cha | provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ er to change its registered office or registe | nized under the laws of the State of Flo | rida | | |
|--|--|--|--|--------------------------------|---------------|
| | the corporation: Running Wolf Conservation | | | | |
| | office address: 4117 Gardner Dr., Port C | | | | |
| 3. The mailing a | address (if different): P. O. Box 7478, No | orth Port, FL 34290 | | | |
| 4. Date of incorp | poration/qualification: 04/09/2002 | Document number: P02000040 | 335 | | |
| | d street address of the current registered a rtment of State: | gent and registered office on file with t | he | | |
| | Mark Fish | | | | |
| | 7139 Seward Dr | | | | |
| | Port Richey, FL 34668 | | | | |
| 6. The name and (if changed): | d street address of the new registered age | nt (if changed) and /or registered office | SECRE | 07 SE | 711 |
| | Mark Fish | | ASS. | 9- d | = |
| | 4117 Gardner Dr | | | 72 | ED |
| | (P.O. Box NOT acceptable Port Charlotte, FL 33952 | ;) | STAT | Ÿ | · |
| The street addr | ess of its registered office and the street l be identical. | address of the business office of its r | egistered | i agent | t, |
| | as authorized by resolution duly adopte he board, or the corporation has been no | | | | |
| (Signal | ure of the officer or director) | Cheri Fish, President (Printed or typed name and title |) | | |
| I hereby accept I further agree of my duties, ar document is be corporation ha | t the appointment as registered agent ar to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in th s been notified in writing of this change | nd agree to act in this capacity. tutes relative to the proper and compl ligation of my position as registered a he registered office address, I hereby | ete perfo igent. O confirm | ormand r, if the that th | ce is e |
| | h but | 9/1/07 | | | |
| (Si | ignature of Registered Agent) | (Date) | · ### - A - ### - ## - ## - ## - ### - ### | | |
| | ehalf of an entity: | | | | |
| | Typed 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)