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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Active Corp. Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 City Active Corp. City Active Corp. FL Zip Code 32.0.4.3 The above nemed entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both, in the State of Florida. I am familiar with, and are the obligations of registered agent. or both in the State of Florida. I am familiar with, and are the obligations of registered agent. or both in the State of Florida. DATE To Provide Transfer Agent signature required with ministrating. DATE Transfer A	,			Zip					· ·		\$8.75 Ad	lditional	
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with the section of the section	2. Thereby c	certify that the	information supplied with	n this filing	does not qualify f	or the exe	nption state	d in Sec	tion 119.07(3)(i), Florida Statu	ites. I further o	ertify that the in	nformation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trusiee empowered to execute this report as required, changed, or on an attachment with an address, with a string life empowered.

GNATURE: SIGNATURE REQUIRED

SIGNATURE: