239 949 6687

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000068634 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HAHN LOESER & PARKS

Account Number : 120070000069

: (239)254-2900

Fax Number

: (239)592-7716

REGISTERED AGENT CHANGE

CRAFTSMAN VENTURES (U\$A) CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

7:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR FOR CORPORATIONS	₹ E GI	STER	ed agent or i	HTO	
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or	617.	1508, 1	Torida Statutes, this	;	
statement of change is submitted for a corporation organized under the	arvs i	f the S	tate of Florida		
in order to change its registered office or registered agent, or h	oth, i	n the S	tate of Florida.		
1. The name of the corporation: <u>Craftsman Ventures (USA) Cor</u>	•				
2. The principal office address: 800 Laurel Oak Drive, Suite 600). Na	ples.	FL 34108		
3. The mailing address (if different): 810 West 1st Street, North	/and	ouve	, B.C., Canada	V7P 1A	1_
4. Date of incorporation/qualification: 09/25/2002 Document	t nun	iber: _	02000103765		_
 The name and street address of the current registered agent and registe Florida Department of State: (If resigned, enter resigned) 	ered o	ffice o	i file with the		
Hahn, Loeser & Parks, LLP					
800 Laurel Oak Drive, Suite 600, Naples, Fl	34	08		=	_
Resigned				AEG:)9 I
6. The name and street address of the new registered agent (if changed):	and /c	r regis	ered office	(E) (AR) AHASSI	AR 24
HL Statutory Agent, Inc.	ļ	<u> </u>	<u> </u>	ĺμ°.	>
800 Laurel Oak Drive, Sulte 600, Naples, Fl	34	108		FST	<u> </u>
(P.O. Box NOT acceptable)				PATE DIATE	8
The street address of its registered office and the street address of the as changed will be identical.	busii	ress of	fice of its registered	d agent,	•
Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in writing	1				
(Signature of an officer of director) David B. (lant Past	EXB	outive Vice Pres	ident _d	
I hereby accept the appointment as registered agent and agree to act	in th	; сара	eity,		
I hereby accept the appointment as registered agent and agree to act I further agree to comply with the provisions of all statutes relative to form detiles, and I am familiar with and accept the obligation of my pace and the spiled metaly to reflect a change in the registered of corporation has been notified in writing of this change.	ositi fice d	proper on as r iddress	and complete perforest agent. Of the confirm	rrignce r, if this that the	
		24-	09		
If agoing on behalf of an entity:					
Jeanne L. Seewald, Vice President (Typed or Printed Name)					
* * * FILING FEE: \$35.00 * *					
Make checks payable to Florida Depart Mail to: Division of Corporations, P.O. Box 6327, CR2E045 (8/05)	MEN	OF ST	TATE SEE, FL 32314	•	