

PD2000121001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

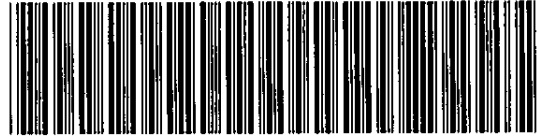
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Susie Knight w/CSC
Advised to add Address
Date of Incorporation
AND Doc. Number to
Form. @ 4.11.13

Office Use Only



900245422449

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 11 PM 3:13

RECEIVED
DEPARTMENT OF STATE
13 APR 10 AM 10:53

RA/RO/CHS
@ 4.11.13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 549868 7600545

AUTHORIZATION :

A handwritten signature in black ink, appearing to read "Lynne H. ...", written over the authorization field.

COST LIMIT : \$ 35.00

ORDER DATE : February 27, 2013

ORDER TIME : 10:12 AM

ORDER NO. : 549868-010

CUSTOMER NO: 7600545

CHANGE OF AGENT

NAME: THALASSA VENTURES CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

A handwritten signature in black ink, appearing to read "Lynne H. ...", written over the examiner line.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2013

CSC
Atten: Susie Knight
1201 Hays Street
Tallahassee, FL 32301

RESUBMIT

Please give original
submission date as file date.

SUBJECT: THALASSA VENTURES CORPORATION
Ref. Number: P02000121001

We have received your document for THALASSA VENTURES CORPORATION and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please have Elizabeth Smith sign the registered agent form as the Asst. VP in the space provided at the bottom of the page.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 213A00008506

RECEIVED
DEPARTMENT OF STATE
13 APR 11 AM 10:47

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 _____
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THALASSA VENTURES CORPORATION
2. The principal office address: 1401 SUNH JOYCE ST. Apt. 311
Arlington, Va 22202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/8/2002 Document number: P02000121001
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)

W EDWARD MCLEOD PA

284 PARK AVE NORTH

WINTER PARK FL 327897

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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]
Signature of an officer or director

S. J. ALLEN - CEO
Printed or typed name and title

I hereby 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.

Corporation Service Company
By: [Signature]
Signature of Registered Agent

4-10-13
Date

If signing on behalf of an entity:

Sue G. Knight
Assistant Vice President
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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 11 PM 8:19