P03000004862

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COVER LETTER

TO:	Amendment Section Division of Corporat	ions		
SUBJE	CT. Co	Advantage Resources 30,	Inc.	
SOBJE	C1	Name of Co	prporation	
DOCUI	MENT NUMBER:_	P03000004862		
The enc	losed Statement of C	hange of Registered Office	e/Agent and fee are submitted for filing.	
Please r	eturn all corresponde	nce concerning this matter	to the following:	
		Darlene Lemke		
		Name of Con	tact Person	
		CoAdvantage Firm/Co	mpany	
		111 W Jefferson St Addre		
		Addr	ess	
		Orlando, FL 32801		
		City/State and	d Zip Code	
	E-mail a	dlemke@coadvanta ddress: (to be used for fu	age.com ture annual report notification)	
For furtl	ner information conc	erning this matter, please ca	all:	
	Darlene Lemke		at (407) 447-1895 Area Code & Daytime Telephone Number	
•	Name of Con	act Person		
Enclose	d is a \$35.00 check n	nade payable to the Departr	ment of State. ALLAHAS	T
	Amo Divi P.O.	ing Address: endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address:	T

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

statement of cha	nge is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA red office or registered agent, or both, in the State of Florida.
		CoAdvantage Resources 30, Inc.
The name of the corporation: The principal office address:		3350 Buschwood Park Drive - Ste 200
z. The principal	office address,	Tampa, FL 32801
3 The mailing a	ddress (if different):	111 W Jefferson St
<i>5.</i> 1	da. 555 (11 a. 11 51 61 11)	Orlando, FL 32801
4. Date of incorp	ooration/qualification:	01/14/2003 Document number: P03000004862
5. The name and	<u>-</u>	surrent registered agent and registered office on file with the
	Mark Lowrey	
	111 W Jefferso	on Street
	Orlando, FL 3	
6. The name and (if changed):	street address of the n	ew registered agent (if changed) and /or registered office
	Jeffrey J. Sjobe	eck
	3350 Buschwo	od Park Dr - Ste 200
·		P.O. Box NOT acceptable
,	Tampa, FL 33	618
The street addre	ss of its registered off be identical.	ice and the street address of the business office of its registered agent,
		ation duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
Signatur	e of an officer or director	Miguel A. Maseda, President/SEO Printed or typed name and title
I further agree to performance of i agent. Or, if thi	o conîply with the pro my duties, and I am fa s document is being fi	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, as been notified in writing of this change.
	My of Registered Agent	9 30 13 Paic
If signing on beh	py	Date
5 5	·	
	frey J. Sjobeck ped 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)