## P0300004863

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

Office Use Only



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14 JUL - 2 PH 2: 19



## UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528 HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

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## CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

LISTING OF 39 CHANGE OF AGENT FORMS ATTACHED

ALONG WITH A CHECK FOR	R \$1,365.00	IN PAYMENT OF GROUP	
Filing Evidence  ☑ Plain/Confirmation	n Copy	<b>Type of Docur</b> □ Certificate of S	
□ Certified Copy		□ Certificate of G	ood Standing
		□ Articles Only	
Retrieval Request Photocopy  Certified Copy	s <b>t</b>	☐ All Charter Do Articles & Ame ☐ Fictitious Name ☐ Other	e Certificate F
NEW FILINGS		AMENDMENTS	2:19
Profit		Amendment	, , , ,
Non Profit		Resignation of RA Officer/Director	
Limited Liability	х	Change of Registered Agent	39 Filings
Domestication		Dissolution/Withdrawal	Jae List
Other		Merger	
	1		
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement ·	
Reinstatement		Trademark	
		Other	] :

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	, 617.0502, 607.1508, or 617.1508, Florida Statutes, th ion organized under the laws of the State of <u>FL</u>	uis 
in orde	er to change its registered office	or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: COADVANTAC	GE RESOURCES 28, INC.	
		OOD PARK DR STE 200, TAMPA FL 33618	
			·
3. The mailing ORLAND	address (if different): 135 W CEN OO, FL 32801	NTRAL BLVD, ATTN: D LEMKE STE 600.	
4. Date of incom	rporation/qualification: 1/14/200	Document number: P0300004863	
	nd street address of the current repartment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	SJOBECK, JEFFREY J		
	3350 BUSCHWOOD PARK DR	. STE 200	
	TAMPA, FL 33618		
6. The name an (if changed):		tered agent (if changed) and /or registered office	14 JUL 41
	NRAI Services, Inc.		0 2
	1200 South Pine Island Road	ρεί 	
	P	O. Box NOT acceptable	<u> </u>
	Plantation, Florida 33324	24.1 4.1	<b>Q</b>
The street addr as changed wil	ress of its registered office and t I be identical.	he street address of the business office of its registere	d agent.
Such change wauthorized by t	as authorized by resolution duly the board of the corporation has	y adopted by its board of directors or by an officer so speen notified in writing of the change.	
		JEFFREY J SJOBECK, SECRETARY	
~	stepped of the or director	Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered to comply with the provisions of f my duties, and I am familiar w his document is being filed mere I that the corporation has been i	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registe ly to reflect a change in the registered office address, notified in writing of this change.	ered I
By:	Services, Inc. Ed Jane	6/30/14 Date	
	ehalf of an entity:	/ Date	
ED HAND, ASS	·		
·	Typed or Printed Name	_	
	# # # #D##	TRIC PER, COR OR + + +	

\* \* \* FILING FEE: \$35.00 \* \* \*