P03000004865

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Elling Officer	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORID

COVER LETTER

TO:	Amendment Section Division of Corporations	
SURT	ECT: CoAdvantage Resources 25, Inc.	
БОДО	Name of Corporation	1
DOC	UMENT NUMBER: P0300004865	
The er	nclosed Statement of Change of Registered Office/Agent a	nd fee are submitted for filing.
Please	return all correspondence concerning this matter to the fo	llowing:
	Dodos Lower	
	Darlene Lemke	
	Name of Contact Person	ол
	CoAdvantage	
	Firm/Company	
	111 W Jefferson St	
	Address	
	Orlando, FL 32801	
	City/State and Zip Coo	de
	dlemke@coadvantage.com E-mail address: (to be used for future ann	ual report notification)
	D man address, (to be used for fatare diff	and report nonnearrons
For fu	rther information concerning this matter, please call:	
	Darlene Lemke	07 , 447-1895
	Name of Contact Person Are	07) 447-1895 ea Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of S	itate.
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	nge is submitted for a	507.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA ed office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation:	CoAdvantage Resources 25, Inc.
2. The principal	office address:	3350 Buschwood Park Drive - Ste 200
		Tampa, FL 32801
3. The mailing a	ddress (if different):	111 W Jefferson St
		Orlando, FL 32801
4. Date of incorp	oration/qualification;	01/14/2003 Document number: P03000004865
5. The name and		urrent registered agent and registered office on file with the
	Mark Lowrey	
	111 W Jefferso	n Street
	Orlando, FL 32	2801
6. The name and (if changed):	street address of the no	ew registered agent (if changed) and /or registered office
	Jeffrey J. Sjobe	eck
	3350 Buschwoo	od Park Dr - Ste 200
•		P.O. Box NOT acceptable
	Tampa, FL 336	318
The street address changed will	ss of its registered offi be identical.	ce and the street address of the business office of its registered agent,
Such change was authorized by the	s authorized by resolute board, or the corpora	tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
\mathcal{U} .	M	Miguel A. Maseda, President/ <u>C</u> EO
I hereby accept to	o cominly with the prov	ristered agent and agree to act in this capacity. risions of all statutes relative to the proper and completed miliar with and accept the obligation of my position as registered ed merely to reflect a change in the registered office address, I as been notified in writing of this change.
Sign	note of Registered Agent	9 36 13 Por 15 Date 9 2
If signing on beh	alf of an entity:	21 21 22 24 25 25 25 25 25 25 25 25 25 25 25 25 25
Jefl	frey J. Sjobeck	
	ed or Printed Name	

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