P0300072205

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Amendment Section

TO:

Division of Corporations CoAdvantage Resources 26, Inc. SUBJECT: Name of Corporation P03000072205 DOCUMENT NUMBER:_ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Darlene Lemke Name of Contact Person CoAdvantage Firm/Company 111 W Jefferson St Address Orlando, FL 32801 City/State and Zip Code dlemke@coadvantage.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Darlene Lemke Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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

statement of cha	mge is submitted for a	607.0502, 617.0502, 607.1 corporation organized und red office or registered age	der the laws of the	State of FLORIDA
	the corporation:	CoAdvantage Resource		
2. The principal office address:		3350 Buschwood Park I		
z. The principal	office address.	Tampa, FL 32801		
3 The mailing a	ddress (if different):	111 W Jefferson St		
, , , , , , , , , , , , , , , , , , ,		Orlando, FL 32801		
4. Date of incorp	poration/qualification:	06/30/2003 D	ocument number: _	P03000072205
	I street address of the c tment of State: (If resi	urrent registered agent and gned, enter resigned)	d registered office o	on file with the
	Mark Lowrey			
	111 W Jefferso	on Street		
	Orlando, FL 3:	2801		
6. The name and (if changed):	street address of the n	ew registered agent (if cha	anged) and /or regis	tered office
	Jeffrey J. Sjobe	eck		
	3350 Buschwo	od Park Dr - Ste 200		
		P.O. Box NOT acceptable		
	Tampa, FL 33	618		
The street addre	ess of its registered off be identical.	ice and the street address	of the business off	ice of its registered agent
Such change wa authorized by th	s authorized by resolute board, or the corpor	tion duly adopted by its bation has been notified in	ooard of directors o writing of the chai	r by an officer so
W	W		- ∕iguel A. Maseda, I	<u>-</u>
Signatur	re of an officer or director		Printed or typed na	ame and title
I further agrêe t	o coniply with the pro my duties, and I am fa	gistered agent and agree visions of all statutes rela miliar with and accept th led merely to reflect a ch as been notified in writing	ative to the proper a se obligation of my	and complete; some of the position as registered
	M////:		9 30	13 85 8
Sign If signing on bel			Date	
	•			
	ffrey 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)