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CRETARY OF STATE LAHASSEE, IT ORIDA

AUG 21 2015 T CANNON:

COVER LETTER

| TO: Amendment Section Division of Corporations SUBJECT: And I Veh Phice In the Plantics The Plantics 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: Name of Contact Person Prim/Company Prim/Co | |
|--|---|
| 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: | Division of Corporations |
| 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: | SUBJECT: And Over Phice Mapen ties ZINC |
| Please return all correspondence concerning this matter to the following: Not to the presentation of Contact Person Primitive Military Contact Person Primitive Militar | VA > AAAA GIIIII |
| Name of Contact Person RNATULY Live Industries & M. Firm/Company Address Clerk Land Address City/State and Zip Code April 18 1957 P 9MA; LOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 1 M 15 12 at (713, 919 - 6368) | The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Firm/Company 154N. Belcher Rand Address Clerkard Rand Sip Code Application Sign of future annual report notification) For further information concerning this matter, please call: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Please return all correspondence concerning this matter to the following: |
| Jim Price at 813, 919-6368 | ANDJULY PLICE MAJUTICS SEM. 154 N. BEICHER RARD Address Clerky FL 33763 City/State and Zip Code APROPERTIES 1957 P 9MA; 1. COM |
| | Jim Price at 813, 919-6368 |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
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

t ditaliassee, 1 17 5 450

CR2E045 (03/12)

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: HOUDION 12 CE TROPENTES | A | M |
| 2. The principal office address: 182 10 BUCHER BOOK | | |
| CIENTILE 46) 1-1-33/16S | | |
| 3. The mailing address (if different): | | |
| ST VILLOS DUV9 , FL 33713 | | |
| 4. Date of incorporation/qualification: 8 ZO 03 Document number: 103 1000 | 99 | 649 |
| 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) | | |
| Juga Plicop | A | Z _A |
| 0 = 7 0 | 5 AUG | ECR |
| 102 10. Pt (Meh 1014) | | |
| CLEAR WARD PL 33765 | 20 | SSE T |
| | P | 교육C |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | ယ္ ၁ | 50 S |
| (ii ontailgea). | 2 | |
| N. Belcher Road | | • |
| P.O. Box NOT acceptable | | |
| ress <u>CIRALLIAAN</u> RC 33/165 | | |
| The street address of its registered office and the street address of the business office of its register as changed will be identical. | red age | ent, |
| 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. | Э | |
| Signature of an officer or director 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 registerent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change. | stered s, I | |
| nereby confirm that the corporation has been notified in writing of this change. | | |
| Signature of Registered Agent Date | . | _ |
| If signing on behalf of an entity: | | |
| Typed or Printed Name | | |
| | | |

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