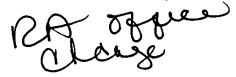
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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43/16/01

## **COVER LETTER**

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORRORATIONS

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 $\frac{7 \text{Lope}/000}{2}$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Derecopers CHOICE BROKERAGE, INC
2. The principal office address: 221 15th ST NW  Rusicin FL 33570
Rusicin 7L 33570
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/17/2003 Document number: Po 3000 140 322
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
7613 CLAIRWOOD CT
apollo Beach, 7L 33572
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  MERC K. POEHNER / Developer's CHOICE BROKERIGE Inc.
221 1511 ST NW  (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable) Ruskin 7L 33570
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
(Signature of aborticer or director)  Marc K. POEHNEL, PRESIDENT  (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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Ma 7 1/11 4.17.07
(Signature of Registered Agent)  4 · 17 · 0 7 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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