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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

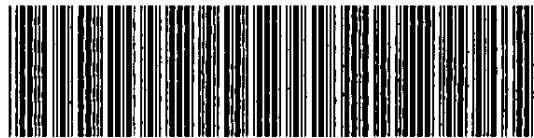
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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@ 3/11/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mandarin Investment Center, Inc./Change of Address  
Name of Corporation

**DOCUMENT NUMBER:** P04000012043

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:

John F. Lalley  
Name of Contact Person

Mandarin Investment Center, Inc.  
Firm/Company

952 Fruitwood Drive  
Address

Saint Johns FL. 32259  
City/State and Zip Code

jlalley@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Lalley at ( 904 ) 287-3380  
Name of Contact Person Area Code & Daytime Telephone Number

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 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mandarin Investment Center Inc.
2. The principal office address: 952 Fruitwood Drive, Saint Johns FL. 32259
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: January 09, 2004 Document number: P04000012043
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)

John F. Lalley

12443 San Jose Blvd., Suite 601,

Jacksonville, FL 32223

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John F. Lalley

952 Fruitwood Drive,

P.O. Box NOT acceptable

Saint Johns, FL. 32259

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.

John F. Lalley  
Signature of an officer or director

John F. Lalley 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.

John F. Lalley  
Signature of Registered Agent

March 09, 2010  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed 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 (8/05)

10 MAR 11 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA