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Division of Corporations
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Account Number: 076402003516 Phone: (239)514-1000 Fax Number: (239)514-0377

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ECRETARY OF STATE

REGISTERED AGENT CHANGE

ANAKAT CORPORATION

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

	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida
in order to change its registered office	e or registered agent, or both, in the State of Florida.
1. The name of the corporation: ANAKAT Co	DRPORATION
2. The principal office address: 169 MUIRFI	ELD CIRCLE, NAPLES, FL 34113
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/26/	2004 Document number: P04000037739
5. The name and street address of the current re Florida Department of State:	egistered agent and registered office on file with the
Peter L. Keeley	
5551 Ridgewood Di	rive, Suite 501
Naples, FL 34108	ARE OF
6. The name and street address of the new regine (if changed):	rive, Suite 501 SECRETARY OF STATE Stered agent (if changed) and /or registered office
Robert W. Hock	Es u
169 Muirfield Circle	* Parting
	OT acceptable)
Naples, FL 34113	·
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent,
Such change was authorized by resolution du authorized by the board, or the cornoration h	lly adopted by its board of directors or by an officer so as been notified in writing of the change.
(Signature of its officer or different)	Robert W. Hock, Director (Printed of typed name and (rue)
I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and acce document is being filed merely to reflect a ch corporation has been notified in writing of th	d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance apt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the his change.
(Signature of Registered Agent)	11/16/2007
If signing on behalf of an entity:	, —,
(Typed or Printed Name)	_ _
***F	LING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, p.O. Box 6327, Tallahassee, fl 32314