

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name

: INCORPORATING SERVICES FL

Account Number: I20050000052

Phone

: (302)531-0855

Fax Number

: (866)223-0765

## REGISTERED AGENT CHANGE

## **GO2TRADE CORPORATION**

Certificate of Status	0
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	(((, 0002420)	2 3,7,7	
STATE	MENT OF CHANGE OF REGISTER FOR CO	LED OFFICE OR REGISTERED AGEN PRORATIONS	T OR BOTH
statement (	of change is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of Flo egistered agent, or both, in the State of Flori	orida
1. The nam	ne of the corporation: Go2Trade Cor	poration	
_	ncipal office address: 255 South Ora	nge Avenue, 6th Floor,	
•	ndo, FL 32801		
3. The mai	ling address (if different): PO Box 15	11, Orlando, FL 32802	
4. Date of i	incorporation/qualification: 11/23/200	Document number: P040001	59338
5. The nam Florida I	ne and street address of the current register Department of State:	ed agent and registered office on file with th	2001 OCT SECRET
	Stephen V Rosin, Esc		
	255 South Orange A	venue, 6th Floor	ASSO -2
	Orlando, FL 32801		是是
6. The nam (if chang	e and street address of the new registered ed):	agent (if changed) and /or registered office	8: 45 STATE FLORID
	Incorporating Service	es, Ltd.	Þ
	1540 Glenway Drive		
	(P.O. Box NOT accept	•	
The street a			ristered agains
_		reet address of the business office of its reg	
authorized	by the board, or the corporation has been	pted by its board of directors or by an office notified in writing of the change.	_
<del></del>	ignature of an officer of director)	Potricia T. Wiles	n Socretory
I hereby act I further ag of my duties document is corporation	cept the appointment as registered agen ree to comply with the provisions of all s, and I am familiar with and accept the s being filed merely to reflect a change is thas been notified in writing of this chai	t and agree to act in this capacity, statutes relative to the proper and complete obligation of my position as registered age n the registered office address, I hereby con ige.	e performance int. Or, if this infirm that the
Bu	(Signature of Registered Agent)	10/2/2007 (Date)	***************************************
if signing or	n behalf of an entity;		
Beverly	O. Porter, Asst Secy		
	(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)