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(De	equestor's Name)	
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(A)	Idea and	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	1
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Office Use Only



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FILED 13 DCT - 1 PM 12: 24 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section of Corporation of Corporation of Corporation of Corporation (Corporation)				
SUBJECT:	CoAdvantage Resources 23	, Inc.		
Bobolic 1.	Name of Co	orporation		
DOCUMENT NUMBER	P04000171284			
The enclosed Statement o	f Change of Registered Office	e/Agent and fee are submitted for f	īling.	
Please return all correspon	ndence concerning this matter	to the following:		
	Darlene Lemke			
	Name of Con	atact Person		
	CoAdvantage			
·	Firm/Co	mpany		
	111 W Jefferson SI	•		
	Addr		-	
	Orlando, FL 3280°	1		
 	City/State an			
	•			
- T	dlemke@coadvanta			
E-mai	i address: (to be used for it	iture annual report notification)		
For further information co	ncerning this matter, please c	all:		
Darlene Lemke		at (407) 447-1895		
Name of C	ontact Person	at (<u>407</u>) <u>447-1895</u> Area Code & Daytime Telep	hone Number	
Enclosed is a \$35.00 check	k made payable to the Depart	ment of State.	13 OCT SECRET	Π
A D P	Initing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center	ns F 50	
		Tallahassee, FL 32301	ř.	

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

statement of cha	ange is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA		
in orde	er to change its register	red office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation:	CoAdvantage Resources 23, Inc.		
2. The principal office address:		3350 Buschwood Park Drive - Ste 200		
		Tampa, FL 32801		
3. The mailing a	nddress (if different):	111 W Jefferson St		
		Orlando, FL 32801		
4. Date of incorp	poration/qualification:	12/22/2004 Document number: P04000171284		
	d street address of the c rtment of State: (If resi	current registered agent and registered office on file with the gned, enter resigned)		
	Mark Lowrey			
	111 W Jefferso	on Street		
	Orlando, FL 3	2801		
6. The name and (if changed):	I street address of the n	new registered agent (if changed) and /or registered office		
	Jeffrey J. Sjobe	eck		
	3350 Buschwood Park Dr - Ste 200			
		P.O. Box NOT acceptable		
	Tampa, FL 33	618		
The street addre	ess of its registered off be identical.	ice and the street address of the business office of its registered agent,		
Such change was authorized by the	as authorized by resolute board, or the corpora	tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.		
- U	. W	Miguel A. Maseda, President/CEO		
I hereby accept I further agree t	to comply with the pro	gistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in the proper and complete Sistered agent and agree to the proper and complete Sistered agent and agree to act in the proper and complete Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agree to act in this capacity. Sistered agent and agent age		
		9/30/13 70 70 0		
Signing on hel	Mure of Registered Agent half of an entity:	Date 2		
	•			
	ffrey J. Sjobeck ped or Printed Name			
1)	pen or a rimon ramin			

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