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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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R.A. Change

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COVER LETTER

| WELL A A Division of Corporations Of Many (1995) Construction of Corporations | | |
|---|--|--|
| SUBJECT: Change mather Corporation) | | |
| (Name of Corpolation) | | |
| DOCUMENT NUMBER: P05000041476 | | |
| 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: | | |
| Gilberto Fernandez (Name of Contact Person) | | |
| Changemother Corp (Firm/Company) | | |
| 933 S. Militant Trail Elo | | |
| West Pain Beach, FL 33415 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| (Name of Contact Person) at (954) 551-9340 (Area Code & Daytime Telephone Number) | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | |
| Mailing Address: Amendment Section Street Address: Amendment Section | | |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

1 100

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

| 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: Changemaher Corp. |
| 2. The principal office address: <u>U275 Windlass Circle</u> , Boynton Beach, FL 33437 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 311705 Document number: P05000414710 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Hirsch & Company CPA'S Inc. |
| 175. W. Camino Real |
| Boca Raton, FL 33432 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Feigenbaum ? Feigenbaum, P.A. |
| 1700 W. Woolbright Rd, suite 6 Pos 3 |
| Boynton Beach, FL 33426 器 3 |
| 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 an officer or director) Gilberto Fernande2 (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. |
| (Signature of Registered Agehi) (Date) |
| If signing on behalf of an entity: |
| Man Feigenbaum CPA (Typed or Printed Name) |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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