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C. CARROTHERS

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

1. The name of the corporation. Draven Corporation 2. The principal office address: 4201 Vineland Road, Suite I-12, Orlando, FL 32811 3. The mailing address (if different): 2952 Cedar Glenn Place, Oviedo FL 32765 4. Date of incorporation/qualification: 2006-01-17 Document number: P06000007355 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) Jarrod Walters 2545 Clarinet Drive Orlando, FL 32837 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jarrod Walters 4201 Vineland Road, Suite I-12 PO. Box NOT acceptable Orlando, FL 32811 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. Jarrod T. Walters Planted or typed name and tine I hereby accept the appointment as registered agent and agree to act in this capating the performance of my duties, and I am jamiliar with and accept the obligation of my position as registered agent. It is document is being flied merch to refer a large the registered office address, I hereby confirm that the corporation has been notified in writing of this change. 2016-08-19 Date If signing on behalf of an entity: Jarrod T. Walters Typed or Printed Name	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	
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If signing on behalf of an entity: Jarrod T. Walters Typed or Printed Name	2016-08-19	
Jarrod T. Walters Typed or Printed Name	Signature of Registered Agent Date	_
Typed or Printed Name	If signing on behalf of an entity:	
* * * FIT INC FFF. ¢25 AA * * *	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

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Draven Corporation

Name of Corporation

DOCUMENT NUMBER

P06000007355

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:

Jarrod Walters

Name of Contact Person

Draven Corporation

Firm/Company

4201 Vineland Road, Suite I-12

Address

Orlando, FL 32811

City/State and Zip Code

accounting@dravenit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jarrod Walters

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_ at (__

)_____

Name of Contact Person

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