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RA Change 04/27/06 X

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

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. in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Ocean Organics of Florida, In C.	
2. The principal office address: 135 Deann a Drive	
Lake Placial FC 33852	
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: April 12 2006 Document number: P06000 52896	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
UCC Filing & Search Services, Inc.	
1574 Village Square Blvd., Ste 100	
Tallahassee, Florida 32309	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Dominic Distefano	
135 Deanna Drive	
(P.O. Box NOT acceptable)	
Lake Placed PL 33852	
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.	
Dominic Disterson Disterson President Signature of an officer or director)	
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.	
Danie Distiforo 4/18/20072 (Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(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
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