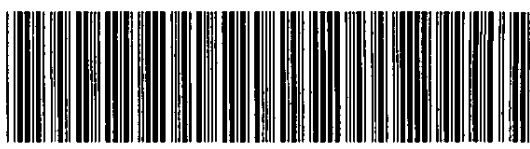


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: John T. Herburger Corporation
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

John T. Herburger
(Name of Contact Person)

John T. Herburger Corporation
(Firm/Company)

2539 St. Michel Ave
(Address)

Melbourne FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

John Herburger at (321) 917-5947
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2008

JOHN HERBURGER
2539 ST. MICHEL AVENUE
MELBOURNE, FL 32935

SUBJECT: JOHN T. HERBURGER CORPORATION
Ref. Number: P06000102195

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

ENCLOSED ARE ALL THE DOCUMENTS FILED FOR THE ABOVE CORPORATION. THE REGISTERED AGENT HAS BEEN THE SAME SINCE THE FIRST FILING, THE ARTICLES OF INCORPORATION - UNITED STATES CORPORATION AGENTS,

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 608A00046441

**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: John T. Herburger Corporation
2. The principal office address: 2539 St. Michel Ave
Melbourne FL 32935
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Sept 1, 2006 Document number: P06000102195

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

United States Corporation Agents
13302 Winding Oaks Blvd suite A100
Tampa, FL - 33612-3425

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John T. Herburger
2539 St. Michel Ave
(P.O. Box NOT acceptable)
Melbourne FL 32935

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

John T. Herburger
(Signature of an officer or director)

John T. Herburger
(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.

John T. Herburger
(Signature of Registered Agent)

Sept 1 - 2008
(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
CR2E045 (8/05)