## P06000/53927

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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SECRETARY OF STATE
SECRETARSSEE, FLORIE

RAChange Thews 7-12-10

## COYER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT:                | COLE BR                                 | ENDAN, INC          | <b>)</b> .                     | •                                   |
|-------------------------|---|---------------------|--------------------------------|-------------------------------------|
|                         | Name                                    | of Corporation      |                                |                                     |
| DOCUMENT NUI            | MBER:                                   | P060001539          | 27                             |                                     |
| The enclosed States     | nent of Change of Registered            | Office/Agent and    | l fee are sul                  | bmitted for filing.                 |
| Please return all coi   | respondence concerning this             | matter to the follo | owing:                         |                                     |
| •                       |   |                     |                                | ,<br>I                              |
|                         | Li                                      | sa Cabrera          |                                | •                                   |
| •                       |   | of Contact Persor   | 1                              |                                     |
|                         | ·                                       |                     |                                | •                                   |
| •                       | Vandev                                  | venter Black I.I    | P                              |                                     |
|                         |   | rm/Company          | ,                              |                                     |
|                         |   |                     |                                | •                                   |
|                         | 101 W. Main St.                         | , 500 World Tr      | ade Cent                       | er                                  |
|                         |   | Address             |                                | <del></del>                         |
| ,                       |   |                     |                                |                                     |
| ·                       | Norfolk                                 | VA                  | 2351                           | 0 .                                 |
|                         | City/St                                 | ate and Zip Code    |                                |                                     |
| *                       |   |                     |                                | •                                   |
| · <del>-</del>          | - · · · · · · · · · · · · · · · · · · · | C C .               |                                |                                     |
| •                       | E-mail address: (to be used             | for future annu     | al reportin                    | otification)                        |
|                         |   |                     | •                              |                                     |
| For further information | tion concerning this matter, pl         | ease call:          | •                              |                                     |
|                         | Lies Cabrers                            | · <del>-</del> 7    | <b>-</b> 7                     | 440.0744                            |
| Nan                     | Lisa Cabrera ne of Contact Person       |                     | 57                             | 446-8544<br>aytime Telephone Number |
| ,                       | ie of Contact Forson                    | Aica                | Code & D                       | ayume receptione (vumoer            |
| Enclosed is a \$35.0    | 0 check made payable to the I           | Department of Sta   | ite.                           |                                     |
|                         | F., J                                   |                     |                                |                                     |
|                         | ARTON, AND                              |                     |                                |                                     |
|                         | Mailing Address:<br>Amendment Section   | · <u>S</u>          | <u>Street Addr</u><br>Amendmen | <u>ess:</u><br>at Section           |
|                         | Division of Corporation                 |                     |                                | f Corporations                      |
|                         | P.O. Box 6327                           |                     | Clifton Bui                    | •                                   |
|                         | Tallahassee, FL 32314                   |                     |                                | utive Center Circle                 |
| F.                      |   |                     | Tallahasse                     | e, FL 32301                         |

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

|                                    | provisions of sections 60<br>unge is submitted for a co  |   |  |   |                          |                |
|------------------------------------|--|---|--|---|--------------------------|----------------|
|                                    | er to change its registere   |   |  |   |                          |                |
| I. The name of                     | the corporation: COle  | <u>Brendan, Inc.</u>  | ·                                      | :   | ·                        |                |
| 2. The principal                   | office address: 17380  | Duneden Cour  | , Boca Rator                           | r, Florida  | 33496                    |                |
|                                    |  |   |  | <del></del> :   |                          |                |
| 3. The maining a                   | ddress (if different):   | <del></del>   | •                                      |   | <del></del>              |                |
| 4. Date of incom                   | poration/qualification:  | 12/14/2006  | Document m                             | umber:  | P060                     | 00153927       |
|                                    | I street address of the cur<br>trnent of State: (If resign   |   |  | office on f   | ile with the             |                |
| •                                  | Rand E. Shapiro  |   |  | · · · · · · · · · · · · · · · · · · ·   |                          |                |
| •                                  | 17380 DUNEDEN  | COURT   |  | , ,   | ZOIE<br>SE<br>TAL        |                |
|                                    | BOCA RATON, FL   | 33496   |  |   | ARE JUL                  | 77             |
| 6. The name and (if changed):      | I street address of the new  | ٠.  |  | or register   | Egg A                    |                |
|                                    | S & S Managemen  |   | nc.                                    | <del></del>   | 31416<br>31416<br>91 :11 | •              |
|                                    | TOOO DOTEDLIT  | P.O. Box NOT as   | oceptable                              | ;-  | <del></del> _            |                |
|                                    | BOCA RATON, FL   | 33496   |  |   |                          |                |
| The street addre                   | ss of its registered offic<br>be identical.  | e and the street ad   | dress of the bus                       | iness offic   | of its regi              | istered agent, |
| Such change wa<br>authorized by th | is authorized by resoluti<br>the board, or the corporat  | en duly adopted b   | y its board of di<br>led in writing of | irectors or l<br>f the chang  | by an offic<br>e.        | er so          |
| 1                                  |  |   |  |   |                          |                |
| -                                  | the appointment as region comply with the provided I am familiar with and filed merely to reflect been notified in writing | stered agent and a<br>sions of all statute<br>I accept the obliga<br>t a change in the r<br>t of this change. |  | y Shapiro<br>d or typed using<br>his capacity<br>proper and<br>tion as regi<br>address, T |                          |                |
| 1/0                                | BURGISTERED Agent  | IN.   |  | 7/:/<br>/ Date/   | 110                      |                |
| - (                                | nalf of an entity:   |   | · ·                                    |   |                          |                |
|                                    | y Shapiro, President   | <u>t</u>  | •                                      |   |                          | ٠,             |

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

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