Division of Corporations

Florida Department of State
Division of Corporations
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To

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name . CORPORATE CREATIONS INTERMATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Phone : (561)694-8107
Fax Number : (561)694-1639

REGISTERED AGENT CHANGE

PROMED PROPERTY MANAGEMENT, INC.

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

Fursuant to the provisions of section 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 is: Promed Pr			
2. The principal office address: 1660 NE MI	IAMI GARI	DENS DR., SUITE 8	
N. MIAMI BCH FL 33179			
3. The mailing address (if different):		,	
4. Date of incorporation/qualification:	3/9/2007	Document Number:	P07000031501
5. The name and street address of the current Florida Department of State: MARK I ARONSON	registered a	gent and registered office of	on file with the
701 BRICKELL AVE., SUI	TE 3000		
MIAMI FL 33131			
6. The name and street address of the new reg (if changed):		nt (if changed) and /or regis	stered office
Corporate Creations Networ 11380 Prosperity Farms Ros			
(P.O. Box	Not acceptable)		
Palm Beach Gardens FL 33			
The street address of its registered office at agent, as changed will be identical.			_
Such change was authorized by resolution authorized by the board, or the corporation has	duly adopte is been notif	d by its board of director led in writing of the change	es or by an officer so
(Signature of an officer or director)	 -	by S. Simons as attorney-in-fact (Printed or Typed name	ne and title)
I hereby accept the appointment as registered I further agree to comply with the provisi performance of my duties, and I am familiar agent. Or, if this document is being filed make the comporation has been (Signature of Registered Agent)	ions of all with and acc erely to refl	agree to act in this capacity statutes relative to the pr cept the obligation of my po ect a change in the register	y. roper and complete osition as registered red office address, I
If signing on behalf of an entity:		, ,	
Samantha Simons, Assistant Secretary (Typed or Printed Name)	_		
MAKE CHECKS PAY MAIL TO: DIVISION OF CORPO	ableto Fl Prations, P	orida Department of S' .O. Box 6327, Tallahas	SEEFFE CRETA
Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107	,	•	EB 25 AH 9: 11 TARY OF STATE ASSEE, FLORI