P07000106017

| (Ac | ddress) | | |
|-------------------------|------------------------|------|--|
| (Ci | ty/State/Zip/Phone | · #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| . (Bu | usiness Entity Nam | ne) | |
| (Do | ocument Number) | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions to | Filing Officer: | | |
| | | | |
| | • | | |

Office Use Only



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C. Course DEC 0 7 2007.

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

| The name of the corporation: | 10107 M | al One | <u> </u> | | |
|---|---|---|---|---|--|
| | 1 | 44 PMS | POINT | | |
| | Ontando, | Horida | 37832 | | |
| . The mailing address (if different):_ | | | | | |
| . Date of incorporation/qualification: | 9/24/0 | 7 Document | number: \checkmark | 07000 | 1060/3 |
| The name and street address of the Florida Department of State: | | | | | |
| • | Toppes | | | | |
| 10107 1 | MALPAS PO | int | | | |
| Oslando | | | | | _ 0 |
| The name and street address of the (if changed): | new registered ager | nt (if changed) ar | id /or registere | d office | VISION (07 DEC |
| Les lie | Reyes | | | | 9 S |
| 10107 M | GLPAS POMI O. BOX NOT acceptable O, HOMBA | <u>-</u> | | | AM I |
| _ o rland | , Honida | 32832 | | | RATIO |
| he street address of its registered of schanged will be identical. | fice and the street | address of the b | usiness office | of its registe | ered agent, |
| uch change was authorized by reso uthorized by the board, or the corpe | | | | | |
| Janice Sour | Lines | | | | |
| 1/ | JANNIEC TORALS | | inted or typed nam | | |
| nereny accept the appointment as r further agree to comply with the pr fmy duties, and I am familiar with ocument is being filed merely to ret orporation has been notified in writ | ovisions of all stat and accept the obl lect a change in th ing of this change | utes relative to ligation of my po the registered offi | he proper and sition as regis ce address, T | l complete pe stered agent. hereby confir | erformance Or, if this rm that the |
| (Signatury of Registered Agent) | | | 11/02 | 1/07 | - |
| Signatury of Registered Agent) signing on behalf of an entity: | | | (1)ate) | | |

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

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

CR2E045 (8/05)